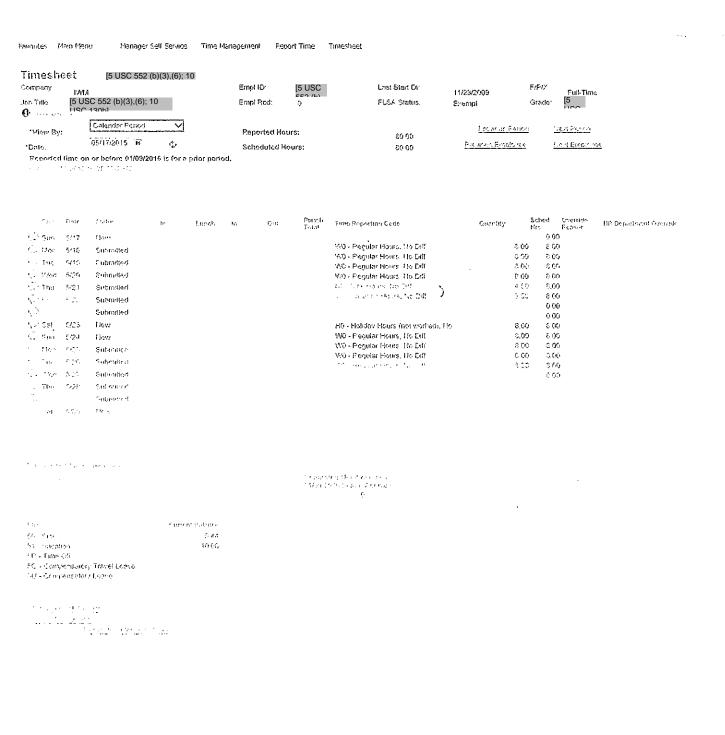
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Favorites Main Menu Manager Self Service Time Management Report Time Timesheelt New Window Rabitip [5 USC 552 (b)(3),(6); 10 Timesheet Company, Empl ID: Last Start Dt: FIPIX. IS USC 11/23/2009 Full-Time [5 USC 552 (b)(3),(6); 10 USC Job Tille: Empl Rod: FLSA Status: Grade: [5 USC 552 (b) Exempt 🐧 , corentate Calendar Period Previous Períod Next Period *View By: Reported Hours: 00,08 11/29/2015 H Previous Employee Next Employee Scheduled Hours: 00.08 Reported time on or before 01/09/2016 is for a prior period. Sched Punch Total Override Day Date Status Quantity HR Department Override Out Time Reporting Code Lunch Hrs Çi Sun Çi kirin Çi Çi Çi Tue 0.00 11/29 New SO S F Hours No Dift 2.90 8.00 33.00 Submitted LN Leave Without Pay 0.760.03 Submitted 4 24 V0 - vacation Figure, No Diff 06.8 Submitted W0 - Regular Hours, No Diff 8.00 8.00 V70 Regular Hours, No Diff 4.00 8.00 Submitted 12/1 W0 - Regular Hours, No Dilf 0.00 Submifferi 33901 .2.2 1 N - Leave Without Pay 9.00 8.00 Tho 12.5 Submilled 0.00 $\{j_{i}\}_{i=1}^{n}$ 12.3 Sulanitrei 0.008.00 • • Sal 770 Regular Hours, No Diff. 12/5 New W0 - Regular Hours, No Diff 8.00 8.00 Sam 12/6 ₹10 - Regular Hours, No Diff 3.00 8.50 ., : Well Regular Hours, No Diff 3.00 0.00C. Tur 12/3 LN Leave Váthout Pay 8.00 8.000.60 3 0 1 124 Submitted Submitted (... . . . Subsetted. Sal 12/12 Hear All Lagrania Time Societies, Estimated Uself ose as of to grade to 01/09/2016 Leave Accrual Current Balance Plan 50 - Sick 5 44 5.L. Vacution 10.03 5P - Time Off 50 - Compensatory Travel Leave 5U - Compensatory Leave Manager Self Service Time Management Return to Select Employee

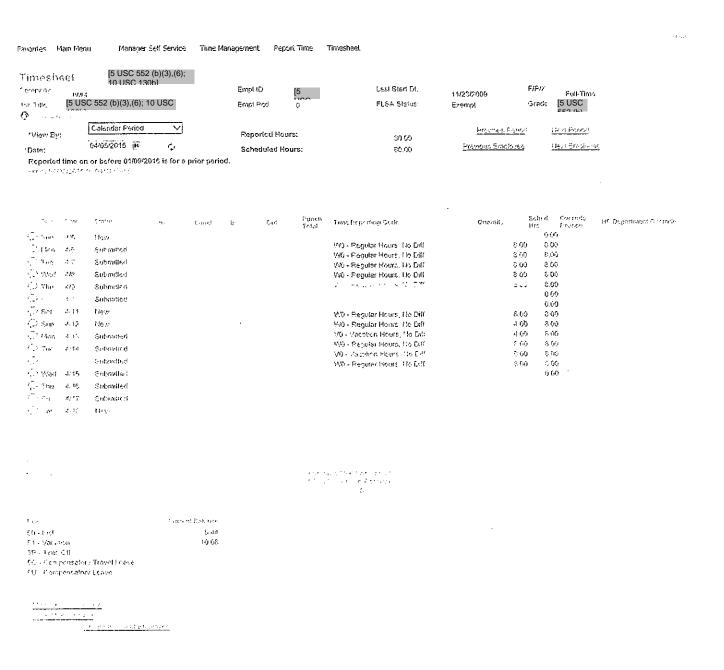
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		Request	for Leave	or Approv	ed Abse	nce
1. Name (Last, first, ma [5 USC 552 (b)(3),(6); 10 US 130b]					2.	Employee or Social Security Number [5 USC 552 (b)(3).
3. Organization						
P&C						
4.	T	ype of Leave/A	bsence			5. Family and Medical Leave
Check appropriate box(es) and				ime	Total Hours	
enter date and time below) Accrued annual leave	From	To	From	То		pay will be used under the Family and
Restored annual leave	,		-			Medical Leave Act of 1993 (FMLA), please
Advance annual leave					 	provide the following information:
✓ Accrued sick leave	5/22/15	5/22/15	0800	1700	8.00	I hereby invoke my entitlement to family and medical leave for:
Advance sick leave						Birth/Adoption/Foster care
Purpose: Illness/injury/ir	ncapacitation of req	uesting employee				Serious health condition of
Medical/denta	l/optical examinatio	n of requesting emp	loyee			spouse, son, daughter, or parent
Care of family bereavement	member, including	medical/dental/opti	ical examination of	family member, or		Serious health condition of self
	member with a se	rious health conditio	nn			
Other	mombol tital a co		,,,			Contact your supervisor and/or your personnel office to obtain additional
Compensatory time off		i i	· ·			information about your entitlements and responsibilities under the FMLA. Medical
Other paid absence (specify in remarks)						certification of a serious health condition may be required by your agency.
Leave without pay						
employing agency's	procedures for	requesting lea	ve/approved a	bsence (and n	rovide addit	d. I understand that I must comply with my ional documentation, including medical r disciplinary action, including removal.
[5 USC 552 (b)(3),(6); 10 USC 13	30b]		,			7b. Date signed 5/26/15
— 8a. Official action on rec	quest	/ Approve	ed	Disapproved		oproved, give reason. If annual leave, action to reschedule.)
8b. Reason for disappro	oval					
8c. Signatu [5 USC 552 (b)(3),	(6); 10 USC 130b]	•				8d. Date signed
ť						5/26/15
management and your Department of Labor who compensation office relocal law enforcement a agency when conductin Accounting Office when connection with its resp. Public Law 104-134 (Apnumber or tax identifica other data, is voluntary,	United States Copayroll office to nen processing garding a claim agency when you g an investigat the information consibilities for oril 26, 1996) retion number. To but failure to d	approve and r g a claim for co n; to Federal Life our agency bection for employen is required for records mana- equires that any his is an amen o so may delay	ecord your use impensation re fe Insurance or iomes aware of ment or security or evaluation of gement. y person doing idment to title is or prevent act	e of leave. Additegarding a job of r Health Benefit fa violation or payed a violation or payed a violation or payed a violation or the section 770 ion on the application of the section 770 ion of the section 770 ion of the section in the section of the section in the section in the section is section of the section in the section in the section is section in the section in the section in the section in the section is section in the section is section in the section in t	ional disclo connected its carriers repossible vious Office of ration; or the the Federa 1. Furnishication. If yo	ary use of this information is by sures of the information may be: To the nigroup or illness; to a State unemployment egarding a claim; to a Federal, State, or olation of civil or criminal law; to a Federal Personnel Management or the General e General Services Administration in I Government furnish a social security ng the social security number, as well as our agency uses the information furnished nal statement reflecting those purposes.

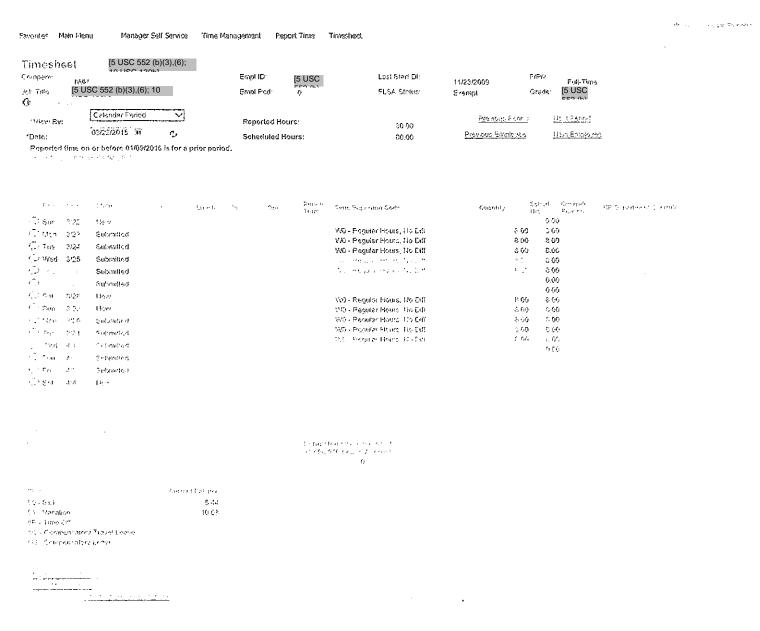
Office of Personnel Management 5 CFR 630

Local Reproduction Authorized

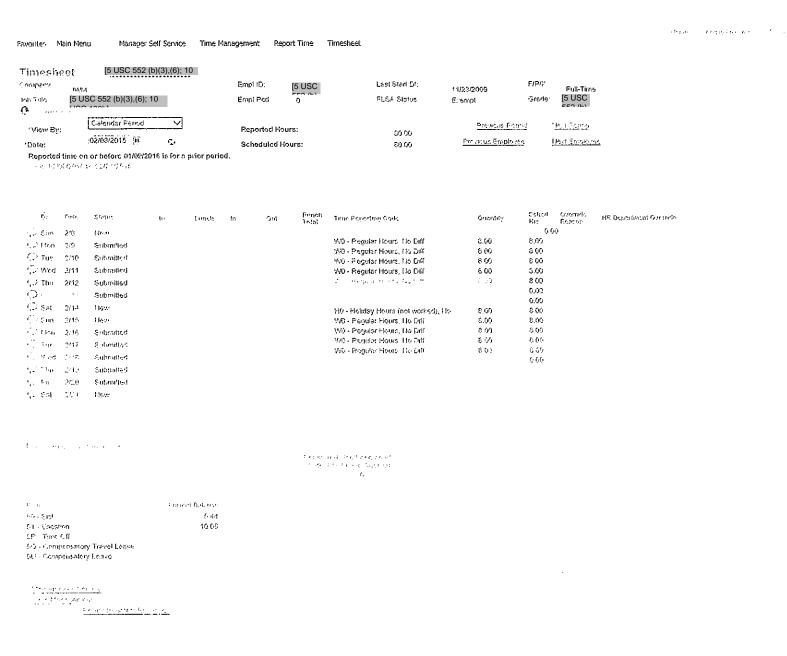


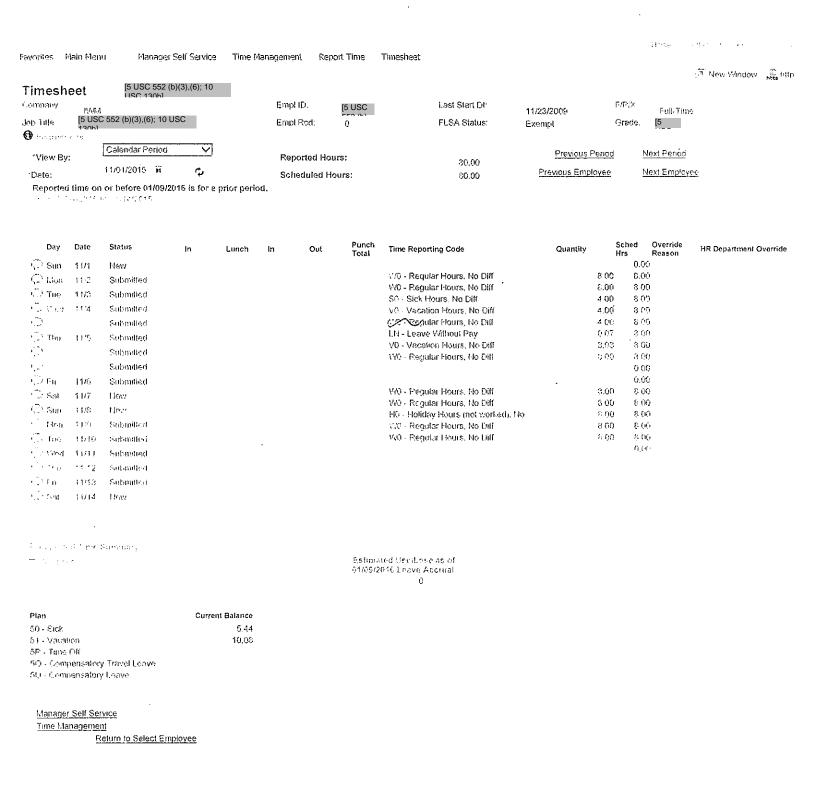
IWAKUNI BRANCH MEDICAL CLINIC 03 Aug 2015 1317 Page: 1 Personal Data - Privacy Act of 1974 (PL 93-579)

[5 USC 552 (b)(3),(6); 10 USC 130b] SPONSOR NAME: [5 USC 552 (b)(3),(6); 10 USC 130b] BILLING NAME: BILL ADDRESS: FPO AP 96310-0016 [5 USC 552 (b)(3),(6); 10 USC 130b] PATIENT NAME: ACCOUNT NO: SERVICE DATE: 10 Apr 2015@0834 🗸 TOTAL CHARGES: \$26.60 **Description** [5 USC 552 (b)(3),(6); 10 USC 130b] Svc Code Qty Svc Date Sales Charges PHR I497822 60 10 Apr 2015 IOR DATE PAYMENT TYPE PAY CHECK NO. CTRL NO. BALANCE 27 Apr 2015 0.00 15-2532 26.60



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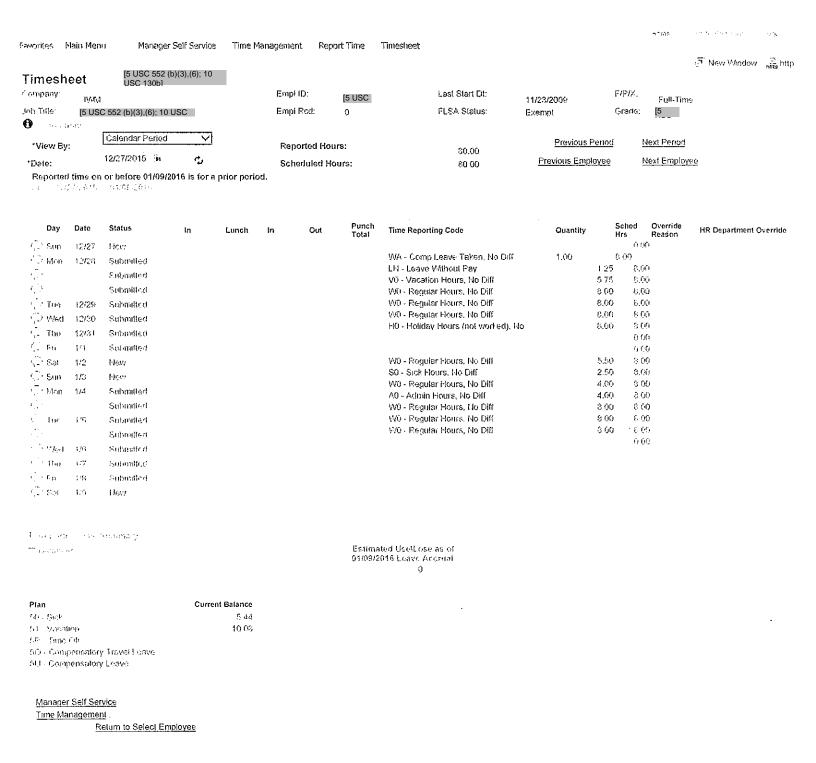




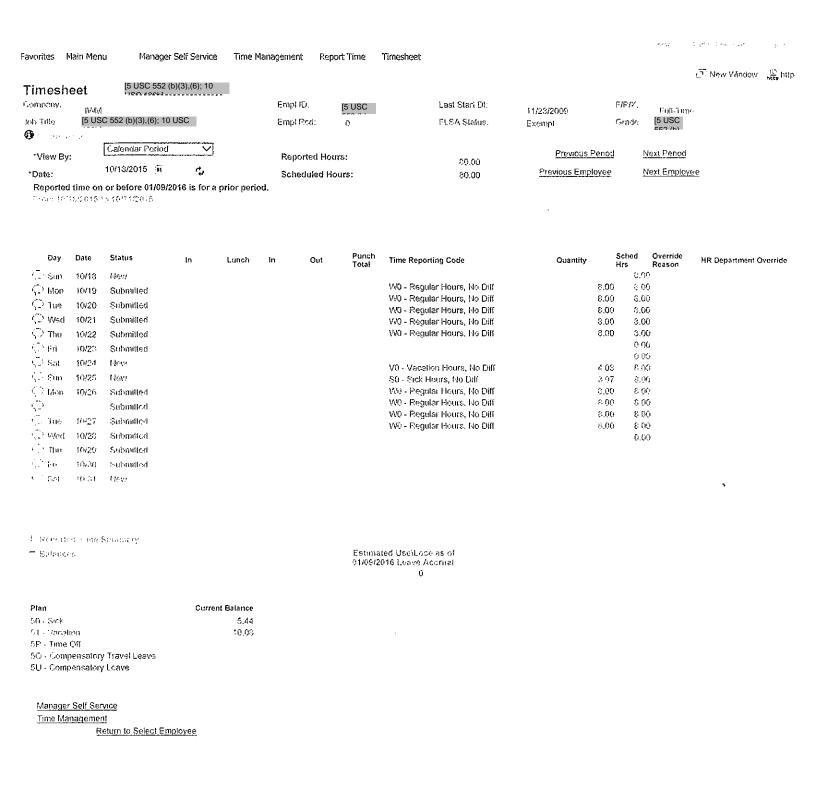
DISPLAY PATIENT APPOINTMENTS

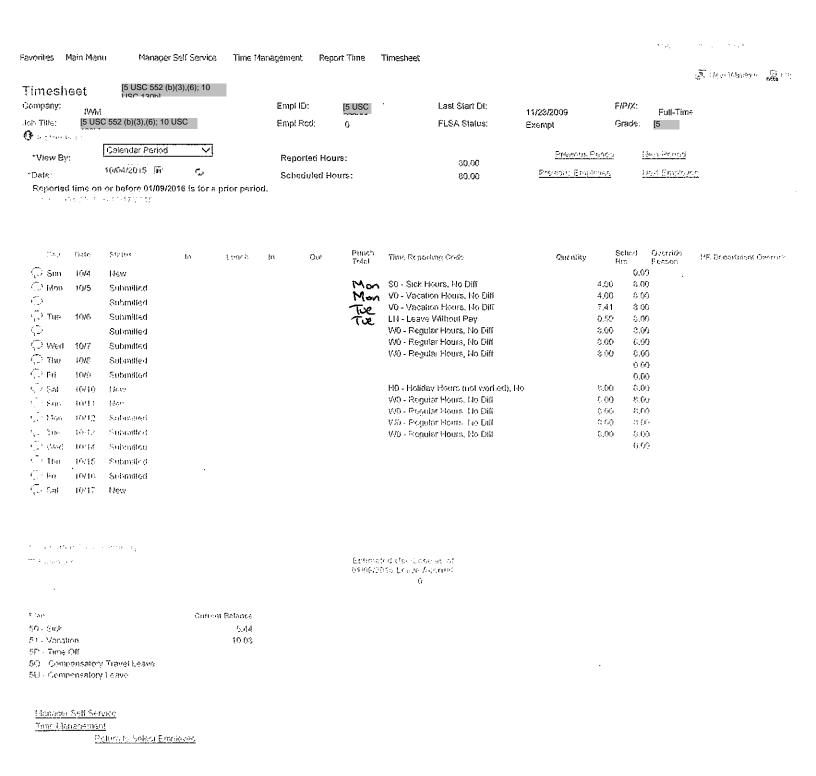
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PAST APPOINTMENT FOR [5 USC 552 (b)(3),(6); 10 USC 32/0251 DoD ID: 1502658499

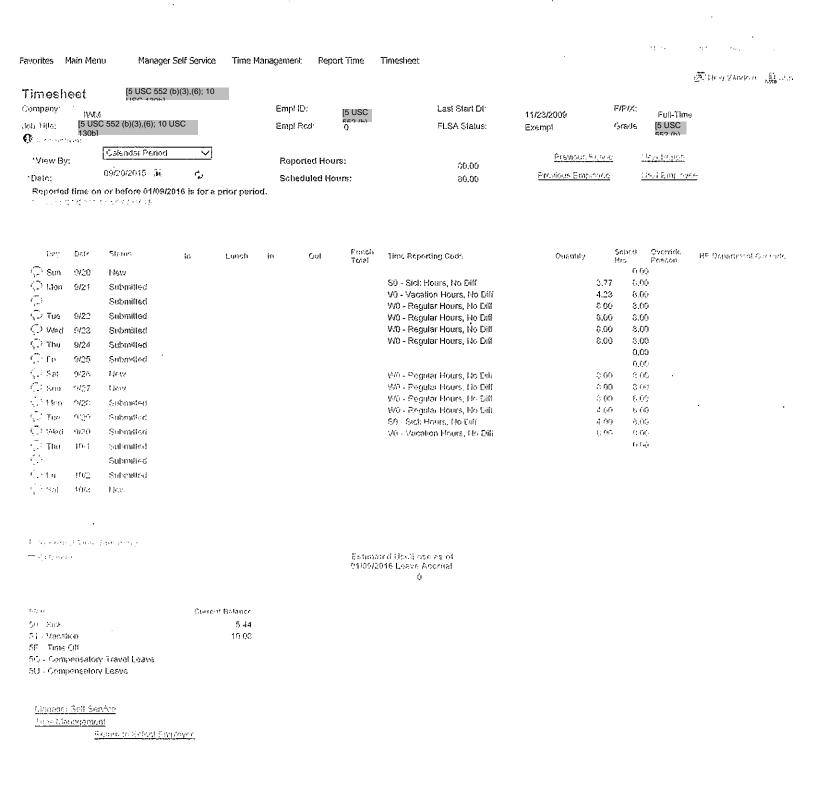
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FPC MEDICAL HOME IWA/BMCIWA		25Jun2015@1000	FTR/60	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		25Jun2015@1506	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		01Jul2015@1222	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		17Jul2015@0800	SPEC/40	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		29Jul2015@0900	GRP/120	NO-SHOW
FPC MEDICAL HOME IWA/BMCIWA		21Aug2015@0840	SPEC/20	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		01Sep2015@0847	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		08Sep2015@1015	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		010ct2015@0817	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		230ct2015@0900	SPEC/40	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		02Nov2015@1242	WEA T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		20Nov2015@0900	SPEC/20	KEPT APPT
IMMUNIZATIONS - IWAK/BMCIWA		20Nov2015@0934	PROC\$/10	WALK-IN
FPC MEDICAL HOME IWA/BMCIWA		24Nov2015@0847	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		01Dec2015@1252	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		07Dec2015@1052	T-CON*/15	TEL-CNSLT

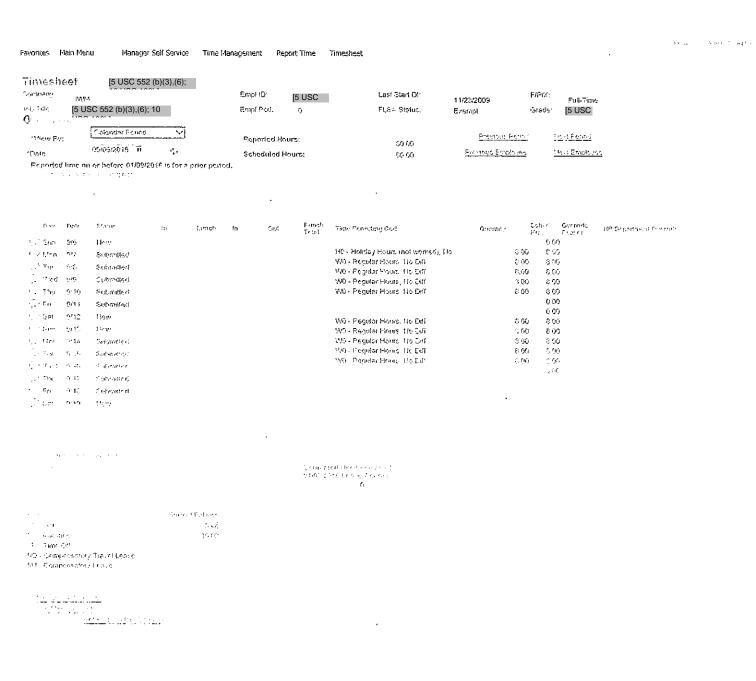


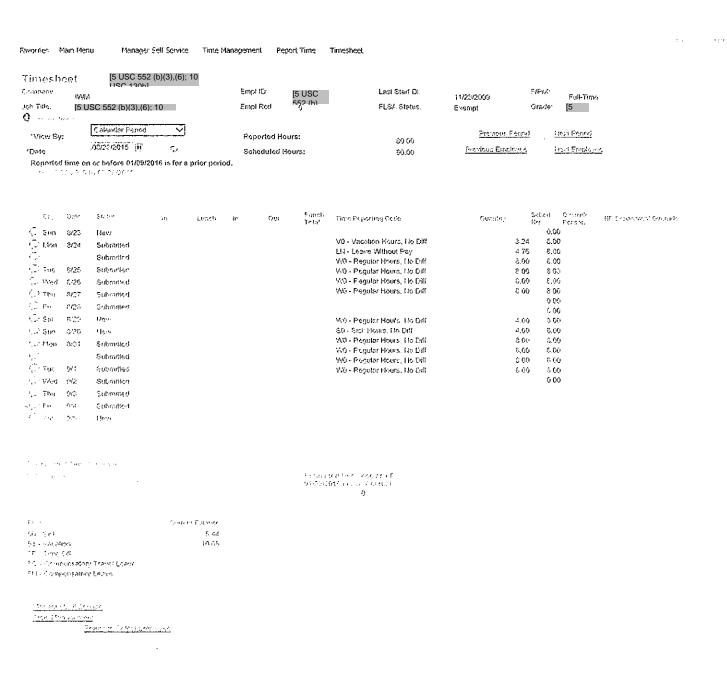
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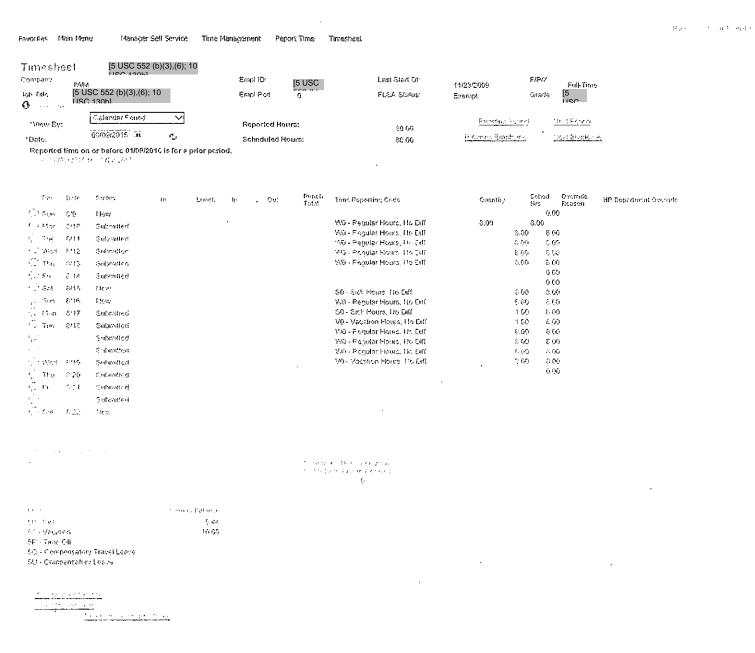


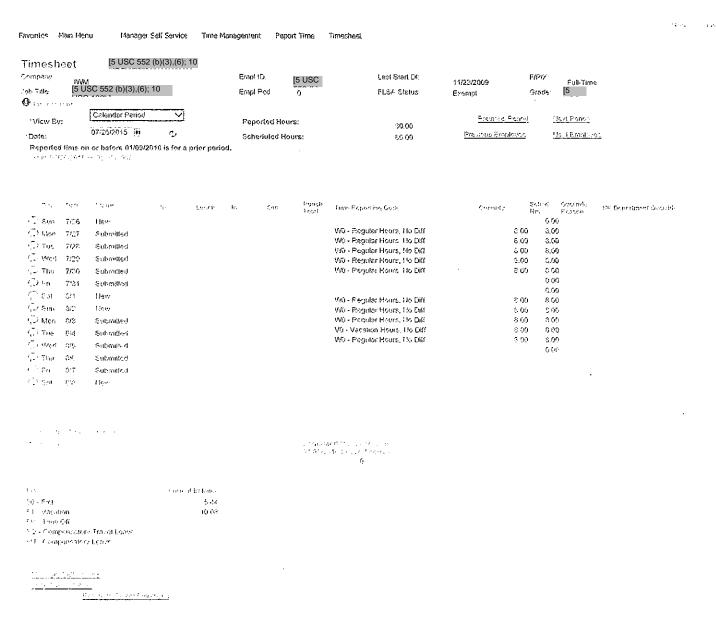


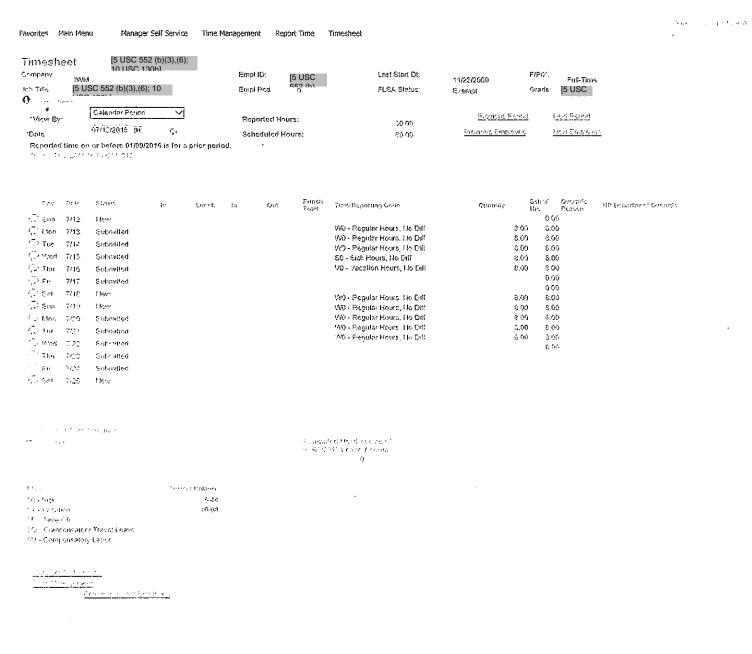


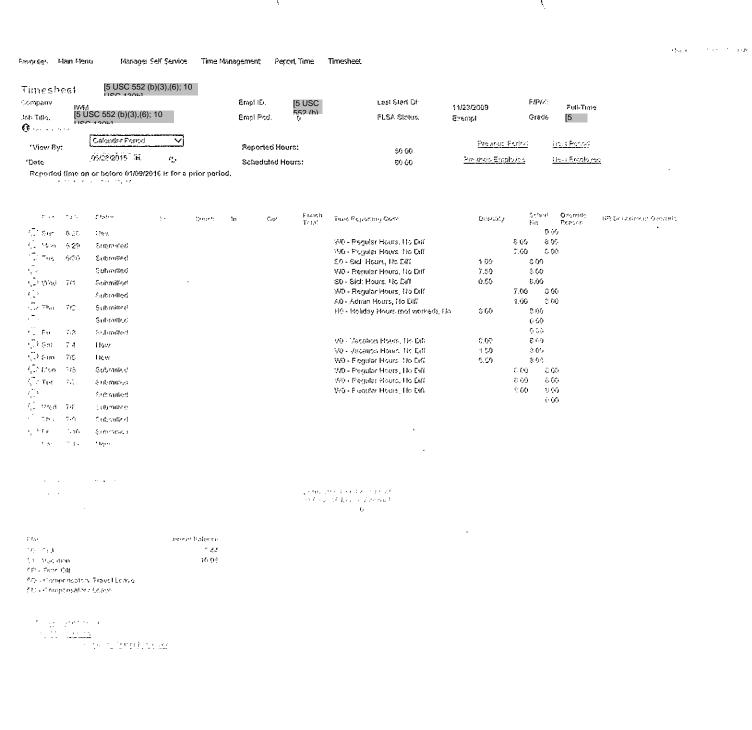


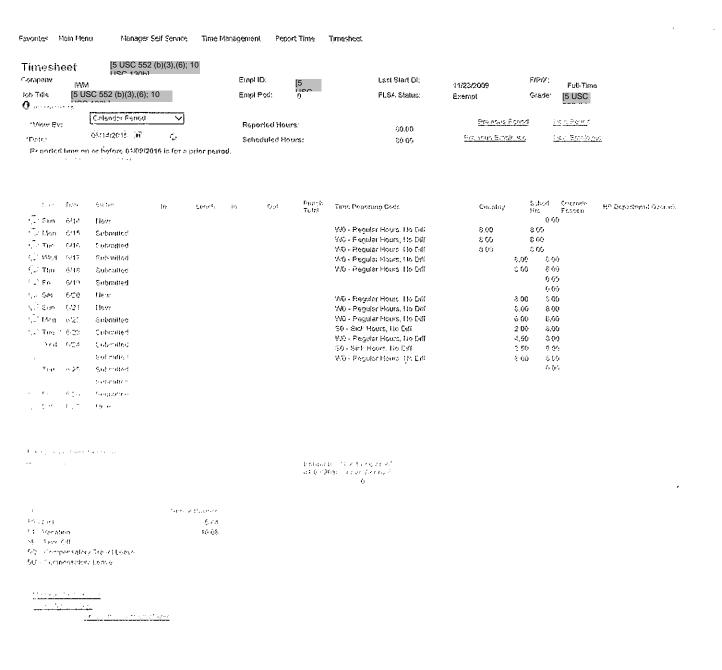


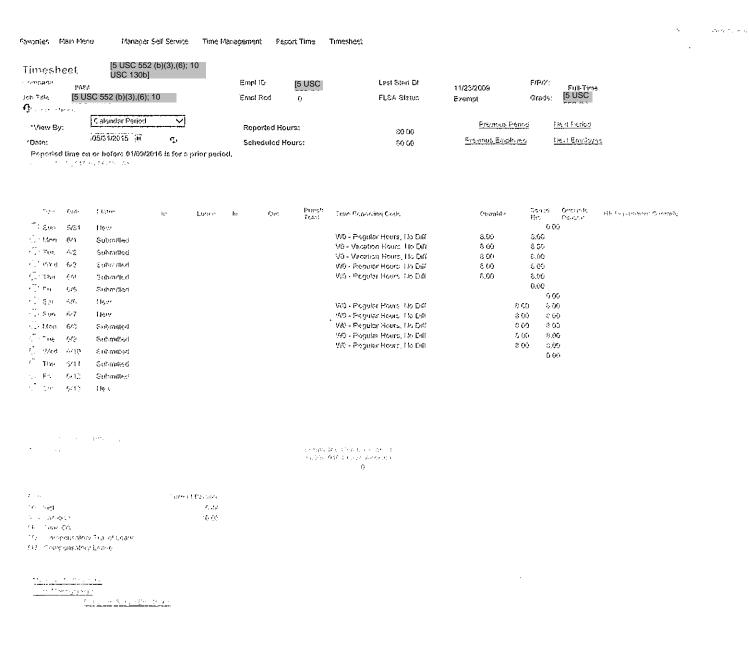


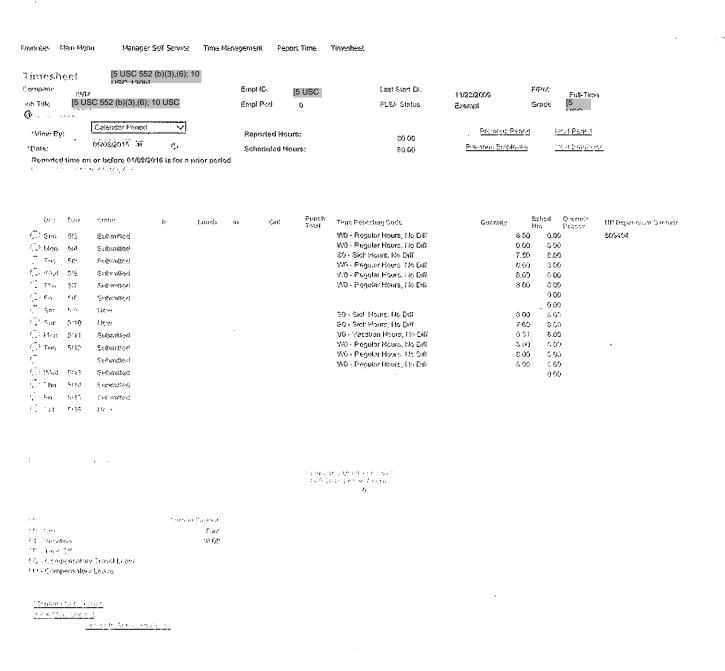


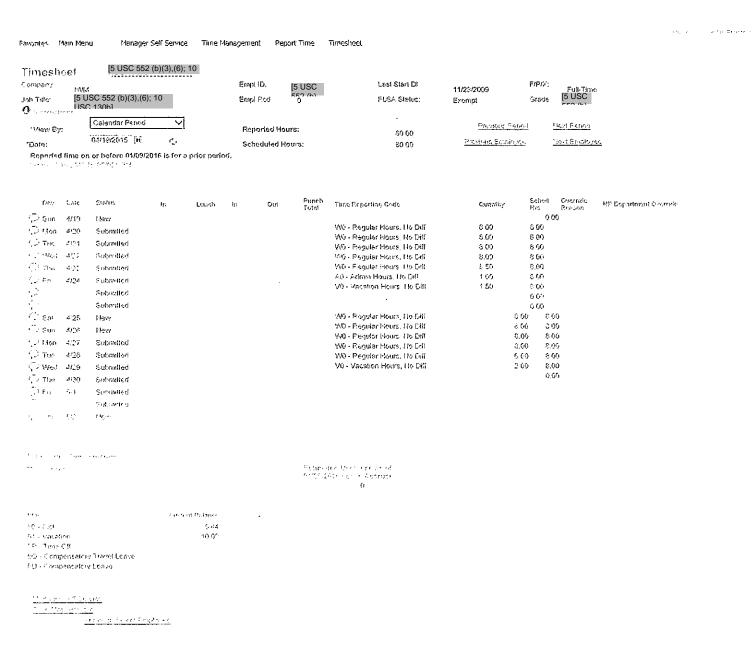








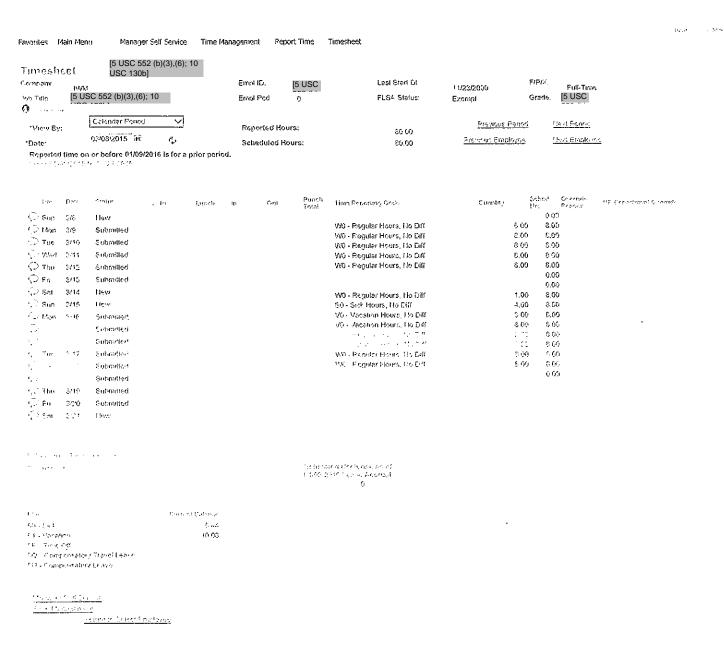




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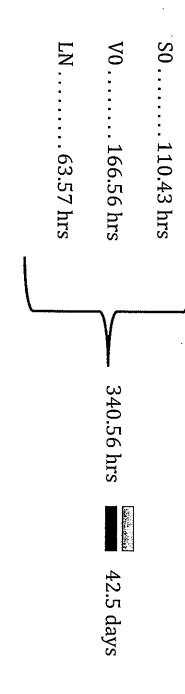


Jan – Dec 2015

Sick Leave (S0) / Vacation (V0) / Leave Without Pay (LN)

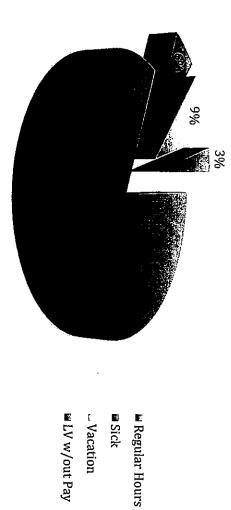
Total : 26 hrs	LN0.0	V017.5	š08.5	<u>Jul</u>		Total: 52 hrs	18.04	V022.07	S011.89	<u>Jan</u>		
Total : 32 hrs	LN4.76	V014.24	8013.0	Aug		Total : 7 hrs	LN0.0	V04.0	S0 3.0	<u>Feb</u>	S	
Total : 8 hrs	LN0.0	V04.23	S03.77	<u>Sep</u>	* Absent w/out leave reflected on time sheet (8 hrs)	Total : 27 hrs	LN0.0	V017.0	S0 10.0	<u>Mar</u>	Sick Leave (S0) / Vacation (V0) / Leave Without Pay (LN)	Jan – Dı
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Total : 52 hrs	LN22.84	V018.27	S010.89	Nov		Total : 33.5 hrs	LN0.0	V05.81	S027.69	Мау	ay (LN)	
Total : 31 hrs	LN17.34	V010.5	S03.16	<u>Dec</u>		Total : 22.5 hrs	LN 0.0	V016.0	S06.5	Exa mj	LOSUR	E (15)

ANNUAL GRAND TOTAL:



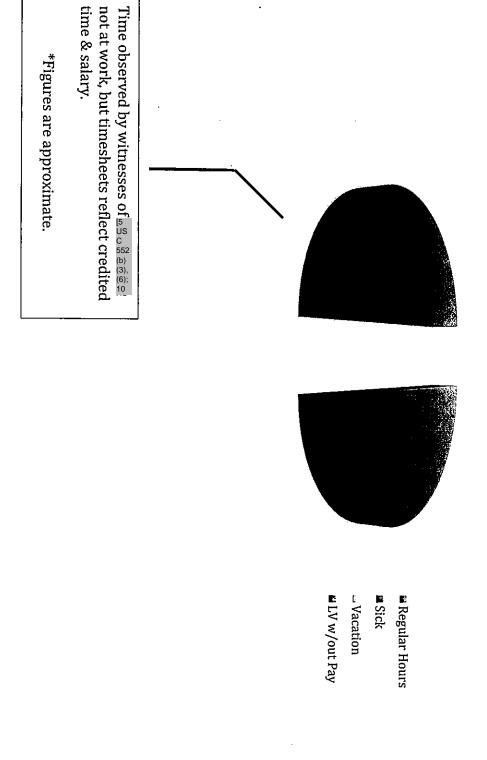
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Percentage Breakdown per Timesheet



Percentage Breakdown per Witness Observations

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SPONSOR NAME: [5 USC 552 (b)(3),(6); 10 USC 130b]

BILLING NAME:

[5 USC 552 (b)(3),(6); 10 USC 130b]

BILL ADDRESS:

FPO AP 96310-0016

PATIENT NAME:

[5 USC 552 (b)(3),(6); 10 USC 130b]

ACCOUNT NO:

SERVICE DATE: 27 Mar 2015@0842 ✓

TOTAL CHARGES: \$63.53

Svc	Code	Description	Qty	Svc Date	Sales	Charges
LAB	82465-00	[5 USC 552 (b)(3),(6); 10 USC 130b]		1 27 Mar 2015	IOR	5.76
LAB	89240-00			2 27 Mar 2015	IOR	37.30
PHR	I496919			100 27 Mar 2015	IOR	5.00
OTC				1 27 Mar 2015	VR3	15.47

DATE	PAYMENT	TYPE PAY	CHECK NO.	CTRL NO.	BALANCE
				•	
13 Apr 2015	0.00			15-2206	154.42
03 Aug 2015	0.00			15-3516	48.06*
03 Aug 2015	0.00			15-3517	63.53*

^{*} Recalculated charges

Personal Data - Privacy Act of 1974 (PL 93-579) SPONSOR NAME: [5 USC 552 (b)(3),(6); 10 USC 130b] BILLING NAME: BILL ADDRESS: FPO AP 96310-0016 [5 USC 552 (b)(3),(6); 10 USC 130b] PATIENT NAME: ACCOUNT NO: 26 Mar 2015@0800 ~ TOTAL CHARGES: \$99.61 SERVICE DATE: **Description** [5 USC 552 (b)(3),(6); 10 USC 130b] Svc Code Qty Svc Date Sales Charges OPE 99214-25 1 26 Mar 2015 IOR 86.16 1 26 Mar 2015 IOR OPE 93000 13.45 ------ INVOICES & RECEIPTS ----------------PAYMENT TYPE PAY CHECK NO. CTRL NO. BALANCE DATE · 15-2597 99.61 03 May 2015 0.00

03 Aug 2015 1317 Page: 1

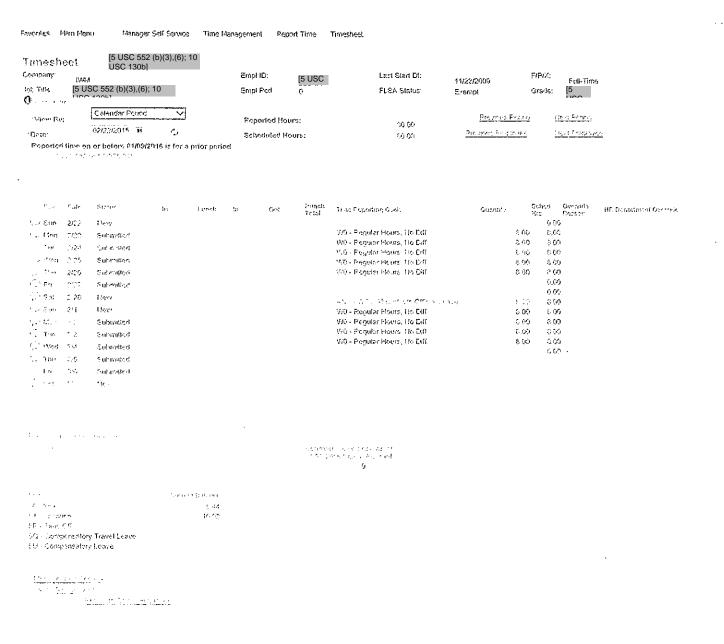
IWAKUNI BRANCH MEDICAL CLINIC

ENGLOSURE (7)

Personal Data - Privacy Act of 1974 (PL 93-579) SPONSOR NAME: [5 USC 552 (b)(3),(6); 10 USC 130b] BILLING NAME: BILL ADDRESS: FPO AP 96310-0016 [5 USC 552 (b)(3),(6); 10 USC 130b] PATIENT NAME: ACCOUNT NO: TOTAL CHARGES: \$27.72 SERVICE DATE: 18 Mar 2015@0853 🗸 Description Svc Code Qty Svc Date Sales Charges PHR I496119 [5 USC 552 (b)(3),(6); 10 USC 130b] 30 18 Mar 2015 IOR 6.80 PHR I496120 473 18 Mar 2015 IOR 20.92 DATE PAYMENT TYPE PAY CHECK NO. CTRL NO. BALANCE 04 Apr 2015 0.00 15-2087 27.72

IWAKUNI BRANCH MEDICAL CLINIC

03 Aug 2015 1317 Page: 1



Favorites Main Menu

50 - Compensatory Travel Leave 5U - Compensatory Leave

Return to Select Employee

Manager Self Service Time Management Manager Self Service

Time Management

Report Time

₩ New Window 🚊 http [5 USC 552 (b)(3),(6); 10 USC Timesheet Empl ID: Last Start Dt: F/P/X: Company: 11/23/2009 [5 USC 552 (b)(3),(6); 10 USC ich Tille: Empl Rod: FLSA Status: Grade. Exempt 0 Calendar Period Previous Period Next Period · View By: Reported Hours: 00.00 11/15/2015 H ڻ Next Employee Previous Employee Scheduled Hours: *Date: 80.00 Reported time on or before 01/09/2016 is for a prior period. Punch Date Time Reporting Code Quantity HR Department Override Out Lunch ſ'n Total Reason fi Qû $\epsilon \geq 500$ 11/15 Nev V/0 - Regular Hours, No Diff 008 6.00t ≠£4on 11/16 Submitted Control (Control (Con S0 Sick Hours, No Diff 3.99 8 00 Submitteri V0 Vacation Hours, No Diff 4 0 1 3.00 Submitted V0 - Vacation Hours, No Diff 1.99 0.00 LN - Leave Without Pay 6.01 11/13 Submitted W0 - Pegular Hours, No Diff 00.8 8 00 Submitted 7.00 3.00 W0 - Regular Hours, Ro Diff. . Thu 11/19 Submitted MCBall/59 minute role A0 - Admin Hours, No Diff 1.003.00 11/20 Submitted 0.00W0 - Regular Hours, No Diff. 0.00 1. File 523.83 1121 U... WC - Regular Hours, No Diff 8.00 8,00 Sitte 16.:2 1.1000 I.H - Leave Without Pay a go $T_{\rm s} \approx_{\rm B} s$ Hino 1.753 H0 Heliday Hours (not worked), No. 0.0, 0.08000 Submitted TN - Leave Without Pay 8 00 2: 60 * LG 11:04 Submittee $\tilde{G}_{i}\left(n\right)$ 1. 2 WA d Submitted 11/25 . Thu 1126 Submilled Ţ. Fri 11.27 Submitted 1.1.550 1128Estimated Uscillose as of 61/09/2016 Leave Account Plan Current Balance 56 510 51 Masation 10.08 5P Time Off

ENGLOSURE

DISPLAY PATTENT APPOINTMENTS

Personal Data - Privacy Act of 1974 (PL 93-579) PAST APPOINTMENT FOR [5 USC 552 (b)(3),(6): 10 USC 130b] 20/0251 DOD ID: 1154765715

TAGE AND THE TOTAL		20,020. 20.	TYPE / DUR	
CLINIC/DIV	PROVIDER	DATE/TIME	DTL CODES	STATUS
FPC MEDICAL HOME IWA/BMCIWA	[5 USC 552 (b)(3),(6); 10 USC 130b]	26Mar2015@0800	FTR/20 WEA	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		27Mar2015@1205	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		10Apr2015@0820	FTR/20 WEA	KEPT APPT
OPTOMETRY - IWAKUNI/BMCIWA		15Sep2015@0940	SPEC/20	KEPT APPT
IMMUNIZATIONS - IWAK/BMCIWA		20Nov2015@0944	PROC\$/10	WALK-IN

Rel_est for Leave or Approved Abserve								
1. Name (Last, first, mi					2.	Employee or Social Security Number		
	16580							
3. Organization								
P&C								
4.	_	pe of Leave/A				5. Family and Medical Leave		
Check appropriate box(es) and enter date and time below)	Dat From	e To	I	ime To	Total Hours	If annual leave, sick leave, or leave without		
✓ Accrued annual leave	12/28/15	12/28/15	From 0800	1345	5.75	pay will be used under the Family and		
Restored annual leave	12/20/10	12/20/10	0000		0.70	Medical Leave Act of 1993 (FMLA), please provide the following information:		
Advance annual leave]		
Accrued sick leave		,				I hereby invoke my entitlement to family and medical leave for:		
Advance sick leave			<u> </u>	<u> </u>		Birth/Adoption/Foster care		
	ncapacitation of req					Serious health condition of spouse, son, daughter, or parent		
_	l/optical examination		•	familie mankas as				
bereavement	Care of family member, including medical/dental/optical examination of family member, or bereavement Serious health condition of self							
Care of family member with a serious health condition								
Other Contact your supervisor and/or your personnel office to obtain additional								
[] () () () () () () () () () (10/00/15	40,00,445	4445	15.5		information about your entitlements and responsibilities under the FMLA. Medical		
Compensatory time off	12/28/15	12/28/15	1445	1545	1.00	certification of a serious health condition		
Other paid absence (specify in remarks)						may be required by your agency.		
✓ Leave without pay	12/28/15	12/28/15	1545	1700	1.25	<u> </u>		
6. Remarks					USC 552 (b)),(6); 10 USC	•		
Previously sche	eduled leav	e. Chan	ged from	n 12/31 [3]	60b]			
amentariban ananasila	propoduros foi	roquesting les	walannrayad a	heance (and n	rovide addir	ed. I understand that I must comply with my tional documentation, including medical or disciplinary action, including removal.		
7:						7b. Date signed 12/29/15		
8a. Official action on red	quest	Approve	ed	Disapproved		pproved, give reason. If annual leave, action to reschedule.)		
8b. Reason for disappr								
8c. Signat ^{[5 USC 552 (b)(3),(6}	s); 10 USC 130b]	,				8d. Date signed		
						12/29/15		
Privacy Act Statement Section 6311 of title 5,	t United States (Code, authorize	es collection of	this information	n. The prim	ary use of this information is by		

		Request	for Leave	or Approv	ed Al	bsei	nce		
1. Name (Last, first, m. [5 USC 552 (b)(3),(6); 10 US	•					2.	Employee or Social Security Number [5 USC 552 (b)(3),(6):		
3. Organization		·	_	,		<u>'</u>			
P&C	•								
4.	T	ype of Leave/A	bsence				5. Family and Medical Leave		
Check appropriate box(es) and	Da	te		ime	Total I	loure	If annual leave, sick leave, or leave without		
enter date and time below) Accrued annual leave	From 10/16/15	To 10/16/15	From 1530	To 1700	1.50		pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please		
Restored annual leave							provide the following information:		
Advance annual leave			·				I hereby invoke my entitlement		
Accrued sick leave		ļ	<u> </u>		ļ		to family and medical leave for:		
Advance sick leave	,		<u> </u>		,		Birth/Adoption/Foster care		
Purpose: Illness/injury/incapacitation of requesting employee Medical/dental/optical examination of requesting employee Medical/dental/optical examination of requesting employee Serious health condition of spouse, son, daughter, or particularly and serious health condition of particular to the serious health condition of the se									
Care of family bereavement	member, including	medical/dental/opti	ical examination of	family member, or			Serious health condition of self		
Care of family	Care of family member with a serious health condition								
Other							Contact your supervisor and/or your personnel office to obtain additional		
				1			information about your entitlements and		
Compensatory time off							responsibilities under the FMLA. Medical certification of a serious health condition		
Other paid absence (specify in remarks)							may be required by your agency.		
Leave without pay									
6. Remarks		 		<u></u>	!				
							•		
				-					
employing agency's certification, if require	procedures for ed) and that fal	requesting lea	ave/approved a	bsence (and p	rovide a	addiți	d. I understand that I must comply with my onal documentation, including medical disciplinary action, including removal.		
7a. Employe),(6); 10 USC 130b]						7b. Date signed		
							10/10/15		
8a. Official action on Ted	quest	Approve	ed	Disapproved			proved, give reason. If annual leave, action to reschedule.)		
8b. Reason for disappro	oval						•		
		^							
8c. Signatul USC 552 (b)(3)),(6); 10 USC 130b]						8d. Date signed		
							10/16/15		
management and your Department of Labor will compensation office re- local law enforcement a agency when conducting	Jnited States C payroll office to hen processing garding a clain agency when yong an investigat the informatio	o approve and r g a claim for co n; to Federal Lit our agency bec tion for employ n is required fo	ecord your use impensation re fe Insurance of comes aware c ment or securi or evaluation of	e of leave. Addi egarding a job r Health Benefi of a violation or ty reasons: to t	tional d connec ts carri possib he Offic	isclo ted ir ers re le vio ce of l	ry use of this information is by sures of the information may be: To the highly or illness; to a State unemployment egarding a claim; to a Federal, State, or lation of civil or criminal law; to a Federal Personnel Management or the General e General Services Administration in		

Office of Personnel Management 5 CFR 630

		Request	for Leave	e or Appro	ved Abser	nce				
	[5 USC 552 (b)(3),(6); 10 USC 130b] [5 USC 552 (b)(3),(6): 10									
3. Organization		,								
P&C										
4.	Ty	5. Family and Medical Leave								
Check appropriate box(es) and enter date and time below)	Da From	te I To		Time	Total Hours	If annual leave, sick leave, or leave without				
✓ Accrued annual leave	9/11/15	9/11/15	From 1500	1700	2.00	pay will be used under the Family and				
Restored annual leave						Medical Leave Act of 1993 (FMLA), please provide the following information:				
Advance annual leave						t horoby invoko my ontitlomont				
Accrued sick leave			-			I hereby invoke my entitlement to family and medical leave for:				
Advance sick leave	L		<u> </u>		<u> </u>	Birth/Adoption/Foster care				
Purpose: Illness/injury/incapacitation of requesting employee										
<u> </u>	l/optical examinatio		•	-						
bereavement	member, including	i medicavdentavopt	icai examination o	ot tamily member, (or	Serious health condition of self				
Care of family	member with a se	rious health conditio	nc							
Other	Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and									
Compensatory time off						responsibilities under the FMLA. Medical certification of a serious health condition				
Other pald absence (specify in remarks)						may be required by your agency.				
Leave without pay			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>				
employing agency's certification, if require	procedures for ed) and that fal	r requesting lea	ave/approved	absence (and	provide additi	d. I understand that I must comply with my ional documentation, including medical disciplinary action, including removal.				
7a. E ^{[5 USC 552 (b)(3),(6); 10 U}	SC 130b]					7b. Date signed				
8a. Official action on rec	quest	Approv	ed [Disapprove		oproved, give reason. If annual leave, action to reschedule.)				
8b. Reason for disappr										
8c. Signature SUSC 552 (b)	(3),(6); 10 USC 130b]	,,,,,,,,			<u>.</u>	8d. Date signed				
				_		11 Supt 15				
management and your Department of Labor w compensation office re local law enforcement agency when conductin Accounting Office when connection with its resident law 104-134 (A number or tax identification with the state of the involuntary contents.	United States (payroll office to hen processin garding a clair agency when y an investiga the informatic ponsibilities for pril 26, 1996) retion number.	o approve and g a claim for con; to Federal Licur agency bection for employon is required for records manageries that an Efuis is an ame	record your usempensation ife Insurance comes aware rement or secu or evaluation agement. by person doin ndment to title or prevent a	se of leave. Adding a job or Health Bene of a violation or inty reasons; to of leave admining business we 31, Section 7 oction on the approximation on the approximation of the a	ditional disclob connected in a conn	ary use of this information is by sures of the information may be: To the njury or illness; to a State unemployment egarding a claim; to a Federal, State, or olation of civil or criminal law; to a Federal Personnel Management or the General e General Services Administration in				

Office of Personnel Management 5 CFR 630

Request for Leave or Approved Absence										
1. Name (Last, first, mi [5 USC 552 (b)(3),(6); 10 US	,				2.	Employee or Social Security Number [5 USC 552 (b)(3),(6); 10				
3. Organization	<u></u>				1					
P&C										
4	Ty	5. Family and Medical Leave								
Check appropriate box(es) and enter date and time below)				Time	Total Hours					
✓ Accrued annual leave	From 7/7/15	7/7/15	From 1530	1700	1.50	pay will be used under the Family and				
Restored annual leave	111113	111110	1000	17700	1.50	Medical Leave Act of 1993 (FMLA), please provide the following information:				
Advance annual leave	 	 	 		+	provide the lonowing information;				
Accrued sick leave Advance sick leave					 	I hereby invoke my entitlement to family and medical leave for:				
Advance sick leave	<u> </u>		.1	<u></u>		Birth/Adoption/Foster care				
_										
Care of family bereavement	member, including	, medical/dental/opt	lical examination of	family member, or		Serious health condition of self				
Care of family member with a serious health condition Other Contact your supervisor and/or your personnel office to obtain additional										
Compensatory time off						information about your entitlements and responsibilities under the FMLA. Medical				
Other paid absence (specify in remarks)						certification of a serious health condition may be required by your agency.				
Leave without pay	i		l							
6. Remarks										
employing agency's p	procedures for	r requesting lea	ave/approved a	absence (and pr	rovide additi	d. I understand that I must comply with my ional documentation, including medical disciplinary action, including removal.				
7a						7b. Date signed 7/7//5				
8a. Official action on req	uest	Approve	ed [Disapproved		proved, give reason. If annual leave, action to reschedule.)				
8b. Reason for disappro										
8c. Signature [5 USC 552 (b)(i	(3),(6); 10 USC 130b]				·	8d. Date signed 07/07/15				
management and your p	payroll office to	approve and re	record your use	e of leave. Additi	tional disclos	ry use of this information is by sures of the information may be: To the lightly or illness; to a State unemployment				

		Request	for Leave	or Approv	ed Abse	nce
1. Name (Last, first, miles USC 552 (b)(3),(6); 10 USC 130b]						Employee or Social Security Number [5 USC 552 (b)(3) (6)
3. Organization		·	····	***		
P&C						
4.	Ty	pe of Leave/A	bsence			5. Family and Medical Leave
Check appropriate box(es) and enter date and time below)		-		ime	Total Hours	If annual leave, sick leave, or leave without
Accrued annual leave	From	To	From	1130	ļ	pay will be used under the Family and
Restored annual leave	6/30/15 7/1/15	6/30/15 7/1/15	1030 0800	1	1.00	Medical Leave Act of 1993 (FMLA), please
Advance annual leave	111113	17 17 10	0800	0900	1.00	provide the following information:
Accrued sick leave					 	I hereby invoke my entitlement to family and medical leave for:
Advance sick leave						Birth/Adoption/Foster care
Purpose: Illness/injury/ir	capacitation of req	uesting employee				Serious health condition of
Medical/denta	l/optical examination	n of requesting emp	oloyee			spouse, son, daughter, or parent
Care of family bereavement	member, including	medical/dental/opti	ical examination of	family member, or		Serious health condition of self
Care of family	member with a se	ious health conditio	n			
Other						Contact your supervisor and/or your
						personnel office to obtain additional information about your entitlements and
Compensatory time off						responsibilities under the FMLA. Medical
Other paid absence (specify in remarks)						certification of a serious health condition may be required by your agency.
Leave without pay				ľ		
6. Remarks				l .		
employing agency's	procedures for	requesting lea	ve/approved a	bsence (and pr	rovide additi	d. I understand that I must comply with my lonal documentation, including medical disciplinary action, including removal.
7a Emplement signatura [5 USC 552 (b)(3),(6); 10 USC 13	30b]					7b. Date signed 7/4/15
8a. Official action on rec	uest	Approve	ed	Disapproved		proved, give reason. If annual leave, action to reschedule.)
8b. Reason for disappro						
8c. Signatur(^{5 USC 552 (b)(3}	s),(6); 10 USC 130b]					8d. Date signed 7/7/15
						ry use of this information is by

_									
			Reques	t for Leav	e or Approv	/ed Absei	nce		
1.	Name (Last, first, mi [5 USC 552 (b)(3),(6); 10 US					2.	Employee or Social Security Number [5 USC 552 (b)(3),(6); 10		
3.	Organization						-USC 130h1		
	P&C								
4.		T	ype of Leave <i>li</i>	Absence			5. Family and Medical Leave		
	eck appropriate box(es) and er date and time below)				Time	Total Hours	If annual leave, sick leave, or leave without		
Г	Accrued annual leave	From '	То	From	То	-	pay will be used under the Family and		
늗	Restored annual leave			+	-		Medical Leave Act of 1993 (FMLA), please		
늗	Advance annual leave			+	- -		provide the following information:		
<u> </u>	Accrued sick leave	6/25/15	6/25/15	0800	1130	3.50	I hereby invoke my entitlement to family and medical leave for:		
L	Advance sick leave			1			Birth/Adoption/Foster care		
Pι	=	ncapacitation of rec					Serious health condition of spouse, son, daughter, or parent		
		l/optical examinatio		•		_			
	bereavement		mber, including medical/dental/optical examination of family member, or Serious						
	<u>=</u>	member with a se	rious health condit	ion					
	Other						Contact your supervisor and/or your personnel office to obtain additional		
_	1	•					information about your entitlements and		
L.	Compensatory time off			<u> </u>			responsibilities under the FMLA. Medical certification of a serious health condition		
	Other paid absence (specify in remarks)		·				may be required by your agency.		
_	Leave without pay								
6.	Remarks			_1	-				
	employing agency's certification, if require	procedures for ed) and that fa	r requesting le	ave/approved	l absence (and p	provide additi	d. I understand that I must comply with my ional documentation, including medical disciplinary action, including removal.		
7a	[5 USC 552 (b)(3),(6); 10 USC	130b]					7b. Date signed		
	_						6/25/15		
8a	. Official action on rec	quest	Approv	/ed	Disapprove		pproved, give reason. If annual leave, action to reschedule.)		
8b	. Reason for disappro	oval							
		52 (b)(3),(6); 10 USC	 130bl						
8c	Signature			-			8d. Date signed		
	g								
							25 Jun 25		
Pr	ivacy Act Statement			-					
Se	ection 6311 of title 5, l	United States C	Code, authoriz	es collection o	of this informationse of leave. Add	on. The prima	ry use of this information is by sures of the information may be: To the		

[5 USC 552 (b)(3),(6); 10 USC 1306] 3. Organization P&C 4. Type of Leave/Absence 5.	
3. Organization P&C 4. Type of Leave/Absence 5.	Family and Medical Leave
4. Type of Leave/Absence 5.	nnual leave, sick leave, or leave without
Check connected buy(ex) and	nnual leave, sick leave, or leave without
Check appropriate boy(as) and Data	
	will be used under the Family and
Accrued annual leave pay Med	dical Leave Act of 1993 (FMLA), please
Advance annual leave	vide the following information:
✓ Accrued sick leave 6/24/15 6/24/15 0800 1000 2.00	I hereby invoke my entitlement to family and medical leave for:
Advance sick leave	Birth/Adoption/Foster care
Purpose: Illness/injury/incapacitation of requesting employee Medical/dental/optical examination of requesting employee	Serious health condition of spouse, son, daughter, or parent
Care of family member, including medical/dental/optical examination of family member, or bereavement	Serious health condition of self
Care of family member with a serious health condition	
per	ontact your supervisor and/or your ersonnel office to obtain additional formation about your entitlements and
Compensatory time off res	sponsibilities under the FMLA. Medical rification of a serious health condition
	ay be required by your agency.
Leave without pay	•
7. Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I undemploying agency's procedures for requesting leave/approved absence (and provide additional certification, if required) and that falsification of information on this form may be grounds for discipation.	I documentation, including medical
7a. [5 USC 552 (b)(3),(6); 10 USC 130b]	Date signed
I A ADDIOVAD I I INSANDIOVAD ' ''	ved, give reason. If annual leave, on to reschedule.)
8b. Reason for disapproval	
	. Date signed (23 / 15
Privacy Act Statement Section 6311 of title 5, United States Code, authorizes collection of this information. The primary us management and your payroll office to approve and record your use of leave. Additional disclosures Department of Labor when processing a claim for compensation regarding a job connected injury of compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regard local law enforcement agency when your agency becomes aware of a violation or possible violation agency when conducting an investigation for employment or security reasons; to the Office of Person Accounting Office when the information is required for evaluation of leave administration; or the Ger connection with its responsibilities for records management. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Govenumber or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agon this form for purposes other than those indicated above, it may provide you with an additional states.	es of the information may be: To the or illness; to a State unemployment ding a claim; to a Federal, State, or on of civil or criminal law; to a Federal connel Management or the General ceneral Services Administration in exercise to the context of the context o

Office of Personnel Management 5 CFR 630

	Request for Leave or Approved Absence								
1.	Name (Last, first, miles USC 552 (b)(3),(6); 10 USC					2.	Employee or Social Security Number		
ļ.	Oznanization				····		(b)(3),(6); 10		
3.	•								
	P&C						·		
4.		T;	ype of Leave/A	bsence			5. Family and Medical Leave		
	eck appropriate box(es) and er date and time below)				ime	Total Hours	If annual leave, sick leave, or leave without		
7		From 7/6/15	7/6/15	From 0800	1700	8.00	pay will be used under the Family and		
F	Restored annual leave	770/10	770710	0000	1700	0.00	Medical Leave Act of 1993 (FMLA), please provide the following information:		
	Advance annual leave				1-	 -	 brovide the following information:		
	Accrued sick leave				·-		I hereby invoke my entitlement to family and medical leave for:		
L	Advance sick leave			<u> </u>]	Birth/Adoption/Foster care		
Pu	rpose: Illness/injury/ir	ncapacitation of req	uesting employee				Serious health condition of		
			n of requesting emp	•			spouse, son, daughter, or parent		
	Care of family bereavement	member, including	medical/dental/opti	ical examination of	family member, or		Serious health condition of self		
	Care of family member with a serious health condition								
	Other						Contact your supervisor and/or your		
				·			personnel office to obtain additional information about your entitlements and		
	Compensatory time off						responsibilities under the FMLA. Medical		
	Other paid absence (specify in remarks)						certification of a serious health condition may be required by your agency.		
П	Leave without pay								
6.	Remarks								
		•							
7.	Certification: I certify	that the leave	absence reque	ested above is	for the purpose	(s) indicate	d. I understand that I must comply with my		
	employing agency's	procedures for	requesting lea	ive/approved a	bsence (and pr	ovide additi	onal documentation, including medical		
	certification, if require [5 USC 552 (b)(3),(6); 10 US E	ed) and that fal	sification of info	ormation on th	is form may be	grounds for	disciplinary action, including removal.		
7a.	E	50 1005]				ļ	7b. Date signed.		
							6/11/15		
8a.	. Опісіаї асцол ьо ті тео	juesi	Approve	ed _	Disapproved		proved, give reason. If annual leave, action to reschedule.)		
8b.	Reason for disappro	oval	···········			made	iction to resulted die.y		
80	Signature [5 USC 552 (b))(3),(6); 10 USC 130b]	•			8d. Date signed		
UU.	Jighature						od. Date signed		
	•						106/11/15		
	vacy Act Statement		~				'		
Se	ction 6311 of title 5, L						ry use of this information is by sures of the information may be: To the		

Request for Leave or Approved Absence								
1. Name (Last, first, mi	•				2.	Employee or Social Security Number		
[5 USC 552 (b)(3),(6); 10 US	C 130b]				[-	5 USC 552 (b) 3),(6); 10 USC		
3. Organization								
P&C								
4.	Ty	/pe of Leave/A	bsence			5. Family and Medical Leave		
Check appropriate box(es) and enter date and time below)				ime T-	Total Hours	If annual leave, sick leave, or leave without		
Accrued annual leave	From 6/2/15	6/3/15	From 0800	To 1700	16.00	pay will be used under the Family and		
Restored annual leave	0.2.710				10.00	Medical Leave Act of 1993 (FMLA), please provide the following information:		
Advance annual leave						I hereby invoke my entitlement		
Accrued sick leave		<u> </u>	<u></u>	<u> </u>		to family and medical leave for:		
Advance sick leave		<u> </u>]	<u> </u>	<u> </u>	Birth/Adoption/Foster care		
_ =	ncapacitation of req	uesting employee n of requesting emp	Novae			Serious health condition of spouse, son, daughter, or parent		
	•		•	family member, or		Serious health condition of self		
Care of family member with a serious health condition Other Contact your supervisor and/or your personnel office to obtain additional								
Compensatory time off						information about your entitlements and responsibilities under the FMLA. Medical		
Other paid absence (specify in remarks)						certification of a serious health condition may be required by your agency.		
Leave without pay								
6. Remarks				•				
employing agency's certification, if require	procedures for ed) and that fal	requesting lea	ave/approved a	bsence (and p	rovide addit	d. I understand that I must comply with my ional documentation, including medical disciplinary action, including removal.		
7a. E	SC 130bj					7b. Date signed 6/4/15		
8a. Official action on red	quest	Approve	ed [Disapproved	, ,	pproved, give reason. If annual leave, action to reschedule.)		
8b. Reason for disappro	oval							
8c. Signatu 5 USC 552 (b)(3),	(6); 10 USC 130b]					8d. Date signed		
						6/4/15		
management and your	Jnited States C payroll office to	approve and r	ecord your use	of leave. Addit	ional disclo	ry use of this information is by sures of the information may be: To the july injury or illness; to a State unemployment		

Request for Leave or Approved Absence									
1. Name (Last, first, m. [5 USC 552 (b)(3),(6); 10 USC			,		2.	Employee or Social Security Number			
[5 03C 552 (b)(5),(6), 10 030						[5 USC 552 (b)(3).(6): 10			
3. Organization	3. Organization								
P&C									
4.	Т	5. Family and Medical Leave							
Check appropriate box(es) and enter date and time below)	From Da	ite To		ime To	Total Hou	s If annual leave, sick leave, or leave without			
Accrued annual leave	FIOIII	10	From	1 - 10		pay will be used under the Family and			
Restored annual leave	······					Medical Leave Act of 1993 (FMLA), please provide the following information:			
Advance annual leave						Ţ`			
✓ Accrued sick leave	5/11/15	5/12/15	0800	1700	16.00	I hereby invoke my entitlement to family and medical leave for:			
Advance sick leave						Birth/Adoption/Foster care			
Purpose: Illness/injury/ii	ncapacitation of red	ucestina employee							
1 = '	•		_1			Serious health condition of spouse, son, daughter, or parent			
	il/optical examination			family member or		Coming to be also and distance of a significant			
bereavement	member, includin) meatoardemarop	uucai exaitiii lauoti oi	family member, or		Serious health condition of self			
Care of family	member with a se	erious health conditi	on						
Other Contact your supervisor									
	· · · · · · · · · · · · · · · · · · ·	1	1	 	<u> </u>	information about your entitlements and			
Compensatory time off						responsibilities under the FMLA. Medical certification of a serious health condition			
Other paid absence (specify in remarks)						may be required by your agency.			
Leave without pay			İ						
6. Remarks [∫.(∱]	6.11				•				
•	•								
0.1	51 A/C								
						ted. I understand that I must comply with my			
						itional documentation, including medical or disciplinary action, including removal.			
[5 USC 552 (b)(3) (6): 10 USC				iis ioim may be	grounds				
7a.						7b. Date signed			
_						13MAY 15			
8a. Official action on red	quest	Approv	ed	Disapproved	1 '	approved, give reason. If annual leave, e action to reschedule.)			
8b. Reason for disappro	oval								
	_								
[5 USC 552 (b)((3),(6); 10 USC 130b]					9d Data signed			
8c. Signature						8d. Date signed			
						13 MAY (5			
Privacy Act Statement			_						
Section 6311 of title 5, l	Jnited States (nary use of this information is by			
management and your Department of Labor wi	payroll office to hen processin	o approve and g a claim for e	record your use ompensation r	e of leave. Addi egarding a iob	tional disc connected	losures of the information may be: To the injury or illness; to a State unemployment			
compensation office re	garding a clair	n; to Federal L	ife Insurance o	r Health Benefi	ts carriers	regarding a claim; to a Federal, State, or			

local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federa agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Request for Leave or Approved Absence								
1. Name (Last, first, ma [5 USC 552 (b)(3),(6); 10 US					2.	Employee or Social Security Number [5 USC 552 (b)(3),(6);		
Organization					•			
P&C								
4.	T	/pe of Leave/A	bsence			5. Family and Medical Leave		
Check appropriate box(es) and enter date and time below)				ime	Total Hours	If annual leave, sick leave, or leave without		
Accrued annual leave	From 4/14/15	To 4/14/15	From 1300	1700	4.00	pay will be used under the Family and		
Restored annual leave	4/16/15	4/16/15	0800	1700	8.00	Medical Leave Act of 1993 (FMLA), please provide the following information:		
Advance annual leave				17.24				
Accrued sick leave						I hereby invoke my entitlement to family and medical leave for:		
Advance sick leave						Birth/Adoption/Foster care		
Medical/denta	ncapacitation of req Voptical examination member, including		Serious health condition of spouse, son, daughter, or parent					
Other	personnel office to obtain additional information about your entitlements and							
Compensatory time off						responsibilities under the FMLA. Medical certification of a serious health condition		
Other paid absence (specify in remarks)						may be required by your agency.		
Leave without pay								
6. Remarks	that the leaves	absono roqui	ontod abovo in	for the nurness	o(n) indicato	d. I understand that I must comply with my		
employing agency's certification, if require	procedures for ed) and that fal	requesting lea	eve/approved a	bsence (and p	rovide additi	ional documentation, including medical disciplinary action, including removal.		
7a. I					·	7b. Date signed 4/20/15		
8a. Official action on rec	quest	Approve	ed _	Disapproved		proved, give reason. If annual leave, action to reschedule.)		
8b. Reason for disappro		•						
8c. Signature	3),(6); 10 USC 130b]					8d. Date signed		
Privacy Act Statement Section 6311 of title 5. U	Jnited States C	ode. authorize	s collection of	this information	n. The prima	ry use of this information is by		

		Reques	t for Leave	e or Approv	ved Abse	200
1. Name (Last, first, m. [5 USC 552 (b)(3),(6); 10 US		reques	TOT ECHA	e or Approv		Employee or Social Security Number [5 USC 552 (b)(3),(6): 10
3. Organization	•	<u> </u>			·	
MCCS P&C						
4.	T	ype of Leave/	Absence			5. Family and Medical Leave
Check appropriate box(es) and enter date and time below)				Time	Total Hours	
Accrued annual leave	From 3/18/15	3/18/15	From 0900	1700	7.00	pay will be used under the Family and
Restored annual leave	3/10/13	3/10/13	0900	1700	7.00	Medical Leave Act of 1993 (FMLA), please provide the following information:
Advance annual leave						
Accrued sick leave					1	I hereby invoke my entitlement to family and medical leave for:
Advance sick leave						Birth/Adoption/Foster care
. = ``	ncapacitation of rec					Serious health condition of spouse, son, daughter, or parent
. -	1/optical examination		. •			
Care of family bereavement	r member, including) medical/dental/o _l	otical examination of	of family member, o	or	Serious health condition of self
Care of family	member with a se	rious health condi	lion			
Other						Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and
Compensatory time off		_				responsibilities under the FMLA. Medical certification of a serious health condition
Other paid absence (specify in remarks)						may be required by your agency.
Leave without pay			<u> </u>			
6. Remarks						
Dental Sick Ca	II (complica	tions from	previous to	oth extracti	on)	,
employing agency's	procedures for ed) and that fa	r requesting le	eave/approved	absence (and	provide additi	d. I understand that I must comply with my ional documentation, including medical disciplinary action, including removal.
7a	1300)					7b. Date signed.
8a. Official action on red	quest	X Appro	ved [Disapprove	, ne	pproved, give reason. If annual leave, action to reschedule.)
8b. Reason for disappr	oval	,				
8c. Signature [5 USC 552]	(b)(3),(6); 10 USC 13	0b]				8d. Date signed
				·		3/17/15
management and your Department of Labor w compensation office re local law enforcement agency when conductir Accounting Office when connection with its respondent to the control of the c	Jnited States (payroll office to hen processin garding a clain agency when y ag an investiga the informatio consibilities for pril 26, 1996) retion number. I	o approve and g a claim for on; to Federal I our agency be tion for employin is required a records man equires that a finis is an ame	record your us compensation .ife Insurance ecomes aware yment or secu for evaluation agement. ny person doirendment to title	se of leave. Add regarding a job or Health Bene of a violation o rity reasons; to of leave administrate with a 31, Section 77	ditional disclo connected in fits carriers re r possible vic the Office of stration; or th th the Federa 701. Furnishir	ary use of this information is by sures of the information may be: To the njury or illness; to a State unemployment egarding a claim; to a Federal, State, or elation of civil or criminal law; to a Federal Personnel Management or the General e General Services Administration in
other data, is voluntary, on this form for purpos	but failure to d es other than t	io so may dela hose indicate	ay or prevent a d above, it may	ction on the app provide you wi	piication. If yo ith an additior	ur agency uses the information furnished hal statement reflecting those purposes.

Office of Personnel Management 5 CFR 630

Local Reproduction Authorized

OPM Form 71 June 2001

	·	_ (1		
		Request	for Leave	or Approv			
1. Name (Last, first, m. [5 USC 552 (b)(3),(6); 10 US 130b]					2.	Employee or Social Security Number [5 USC 552	
3. Organization						·	
MCCS P&C							
4.	7	ype of Leave/A				5. Family and Medical Leave	
Check appropriate box(es) and enter date and time below)	From	ate To	From	ime	Total Hours	If annual leave, sick leave, or leave without	
Accrued annual leave	3/16/15	3/17/15	1400	1700	11.00	pay will be used under the Family and	
Restored annual leave				· · · · · · · ·	1,,,,,,,	Medical Leave Act of 1993 (FMLA), please provide the following information:	
Advance annual leave			<u> </u>			1	
✓ Accrued sick leave	3/16/15	3/16/15	0900	1400	4.00	I hereby invoke my entitlement to family and medical leave for:	
Advance sick leave						Birth/Adoption/Foster care	
Purpose: 🗸 Illness/injury/ir	ncapacitation of re	questing employee				Serious health condition of	
= ``	•	on of requesting emp	oloyee			spouse, son, daughter, or parent	
_	•	g medical/dental/opt	•	family member, or		Serious health condition of self	
Care of family member with a serious health condition							
Other	Contact your supervisor and/or your						
						personnel office to obtain additional information about your entitlements and	
Compensatory time off						responsibilities under the FMLA. Medical	
Other paid absence (specify in remarks)						certification of a serious health condition may be required by your agency.	
Leave without pay							
employing agency's certification, if require	that the leave procedures fo	/absence requer requesting lea	ave/approved a	bsence (and p	rovide addit	d. I understand that I must comply with my ional documentation, including medical rdisciplinary action, including removal.	
[5 USC 552 (b)(3),(6); 10 t	USC 130b]					7b. Date signed	
						3/18/15	
8a. Official action on red	quest	Approve	ed [Disapproved	1 '	oproved, give reason. If annual leave, action to reschedule.)	
8b. Reason for disappro	oval						
8c. Signature (5 USC 552 (b)	(3),(6); 10 USC 130k)]				8d. Date signed (3)/8/15	
management and your Department of Labor will compensation office relocal law enforcement agency when conductin Accounting Office when connection with its resp. Public Law 104-134 (Anumber or tax identifica other data, is voluntary,	Jnited States payroll office then processing arding a clair agency when yig an investigation sibilities for pril 26, 1996) retion number.	o approve and reg a claim for com; to Federal Livour agency becation for employ on is required for records manarequires that another is an amerido so may delay	record your use ompensation re fe Insurance o comes aware o ment or securi- or evaluation of gement. y person doing ndment to title y or prevent act	e of leave. Addi egarding a job r Health Benefi of a violation or ty reasons; to t f leave adminis g business with 31, Section 770 tion on the app	tional disclo connected in its carriers re possible vious the Office of tration; or the the Federa D1. Furnishing lication, If yo	ary use of this information is by sures of the information may be: To the nigroup or illness; to a State unemployment egarding a claim; to a Federal, State, or plation of civil or criminal law; to a Federal Personnel Management or the General e General Services Administration in	

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,		Request	for Leav	e or Approv	ed Ab	sei	nce		
1. Name (Last, first, mi	,			• • •	,		Employee or Social Security Number [5 USC 552 (b)(3),(6): 10		
3. Organization							IDIONAL TO		
MCCS P&C									
4.	T	ype of Leave/A	bsence	·			5. Family and Medical Leave		
Check appropriate box(es) and enter date and time below)		-		Time	Total Ho	ours	If annual leave, sick leave, or leave without		
Accrued annual leave	From	То	From	To			pay will be used under the Family and		
Restored annual leave			 				Medical Leave Act of 1993 (FMLA), please provide the following information:		
Advance annual leave									
Accrued sick leave	3/2/15	3/2/15	0800	1700	8.00		I hereby invoke my entitlement to family and medical leave for:		
Advance sick leave			<u> </u>				Birth/Adoption/Foster care		
Purpose: 🗸 Iliness/injury/ii	ncapacitation of rec	uesting employee					Serious health condition of		
Medical/denta	Noptical examinatio	n of requesting emp	ployee				lspouse, son, daughter, or parent		
Care of family bereavement	r member, including	medical/dental/opt	ical examination	of family member, or	-		Serious health condition of self		
Care of family	member with a se	rious health conditio	חס						
Other							Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and		
Compensatory time off							responsibilities under the FMLA. Medical certification of a serious health condition		
Other paid absence (specify in remarks)							may be required by your agency.		
Leave without pay									
employing agency's certification, if require [5 USC 552 (b)(3),(6); 10 USC	procedures for	r requesting lea	ave/approve	d absence (and p	rovide a	dditi	d. I understand that I must comply with my ional documentation, including medical disciplinary action, including removal.		
7a.							7b. Date signed 3/3/15		
8a. Official Getion on red	quest	Approve	ed	Disapproved	1 '	•	pproved, give reason. If annual leave, action to reschedule.)		
8b. Reason for disappro		,							
8c. Signature SUSC 552 (b)((3),(6); 10 USC 130b]						8d. Date signed		
				_	,		3/10/15		
management and your Department of Labor who compensation office relocal law enforcement agency when conductin Accounting Office when connection with its resp. Public Law 104-134 (Al number or tax identification of the data, is voluntary,	United States C payroll office to hen processing garding a clain agency when y ig an investiga the informatio consibilities for pril 26, 1996) re tion number. I but failure to d	o approve and rig a claim for con; to Federal Liour agency bed tion for employ in is required for records mana equires that another is an amero so may delay	record your up ompensation fe insurance comes aware ment or sector evaluation agement. y person doindment to tity or prevent a	use of leave. Adding regarding a jobe or Health Benefie of a violation or urity reasons; to to feave administry the same of leave administry the same of the same administry that is a same of the sam	itional disconnected possible the Office tration; on the Fection.	sclored in respective violents of local decreased in the contraction of the contraction o	ary use of this information is by sures of the information may be: To the highly or illness; to a State unemployment egarding a claim; to a Federal, State, or lation of civil or criminal law; to a Federal Personnel Management or the General e General Services Administration in		
on this form for purpose	es other than t	hose indicated	above, it ma	y provide you wit	h an add	litior	nal statement reflecting those purposes.		

S USC 552 (b)(3),(6): 10 USC 130b S USC 13	ee or Social Security Number		
3. Organization MCCS P&C 4. Type of Leave/Absence Check appropriate box(es) and enter date and time below) From To From To Total Hours pay will Medical provide Restored annual leave Advance annual leave Advance annual leave Advance annual leave Advance distributions 2/2/45 0.0445 0.0445 0.0445			
4. Type of Leave/Absence 5. Check appropriate box(es) and enter date and time below) From To From To Total Hours pay will Medical provide Advance annual leave Advance annual leave Advance annual leave Advance annual leave Total Hours Pay will Medical provide			
Check appropriate box(es) and enter date and time below) From To From To Total Hours pay will Medical provide Advance annual leave			
Check appropriate box(es) and enter date and time below) From To From To Accrued annual leave Advance annual leave Advance annual leave Accrued in leave Accrued annual leave	Family and Medical Leave		
Accrued annual leave 2/2/15 2/2/15 0900 1200 3.00 pay will Medical provide	If annual leave, sick leave, or leave without		
Restored annual leave Advance annual leave Advance annual leave According to the leave annual leave	pay will be used under the Family and		
Advance annual leave	Leave Act of 1993 (FMLA), please the following information:		
✓ Accrued sick leave 2/2/15 2/2/15 1300 1700 4.00	the following information.		
	hereby invoke my entitlement of family and medical leave for:		
Advance sick leave	Birth/Adoption/Foster care		
Purpose: ✓ Illness/injury/incapacitation of requesting employee	Serious health condition of		
Medical/dental/optical examination of requesting employee	spouse, son, daughter, or parent		
Care of family member, including medical/dental/optical examination of family member, or bereavement	Serious health condition of self		
Care of family member with a serious health condition	_		
Other Contact person	ct your supervisor and/or your nnel office to obtain additional ation about your entitlements and		
Compensatory time off respon	sibilities under the FMLA. Medical		
Other paid absence (specify in remarks)	ation of a serious health condition e required by your agency.		
Leave without pay			
6. Remarks Went home with fever.			
7. Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I unde employing agency's procedures for requesting leave/approved absence (and provide additional doc certification, if required) and that falsification of information on this form may be grounds for discipling.	cumentation, including medical		
7a. E _I [5 USC 552 (b)(3),(6); 10 USC 130b] 7b. Date	e signed		
8a. Official action on request Approved Disapproved initiate action to	give reason. If annual leave, reschedule.)		
8b. Reason for disapproval			
[5 USC 552 (b)(3),(6); 10 USC 130b]			
8c. Signature 8d. Dat	Signed		
021	103/15		
Privacy Act Statement Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use or management and your payroll office to approve and record your use of leave. Additional disclosures of Department of Labor when processing a claim for compensation regarding a job connected injury or il compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding local law enforcement agency when your agency becomes aware of a violation or possible violation of agency when conducting an investigation for employment or security reasons; to the Office of Personne Accounting Office when the information is required for evaluation of leave administration; or the General Connection with its responsibilities for records management. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Govern number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the so other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency on this form for purposes other than those indicated above, it may provide you with an additional states.	the information may be: To the Iness; to a State unemployment a claim; to a Federal, State, or civil or criminal law; to a Federal el Management or the General al Services Administration in ment furnish a social security cial security number, as well as y uses the information furnished		

		Request	for Leave	or Approv	ed Absei	nce		
1. Name (Last, first, m.	iddle)	<u> </u>				Employee or Social Security Number		
[5 USC 552 (b)(3),(6); 10 U						[5 USC 552		
Organization		-			<u> </u>	(b)(3),(6); 10		
MCCS P&C								
4.	Ty	pe of Leave/A	bsence			5. Family and Medical Leave		
Check appropriate box(es) and	, 			ime	Total Hours	If annual leave, sick leave, or leave without		
enter date and time below)	From	То	From	То	- Total Hours	pay will be used under the Family and		
Accrued annual leave					ļ	Medical Leave Act of 1993 (FMLA), please		
Restored annual leave				<u> </u>	-	provide the following information:		
Advance annual leave Accrued sick leave						I hereby invoke my entitlement to family and medical leave for:		
Advance sick leave				<u> </u>		Birth/Adoption/Foster care		
Purpose: Illness/iniury/ii	ncapacitation of req	uestina employee						
	ncapacitation of req al/optical examinatio		lovee			Serious health condition of spouse, son, daughter, or parent		
Care of family	y member, including		•	family member, or		Serious health condition of self		
Dereavement ————————————————————————————————————								
	y member with a se	nous health condition	מ			0-4-4		
Other						Contact your supervisor and/or your personnel office to obtain additional		
Compensatory time off						information about your entitlements and responsibilities under the FMLA. Medical		
Other paid absence						certification of a serious health condition may be required by your agency.		
└── (specify in remarks) ✓ Leave without pay	1/22/15	1/22/15	0800	/ 700	8.00			
6. Remarks	1	1 , 0	1 2000	<u> </u>	13.30			
	•							
						-		
7. Certification: I certify	/ that the leave/	absence reque	ested above is	for the purpose	e(s) indicate	d. I understand that I must comply with my		
employing agency's	procedures for	requesting lea	ve/approved a	bsence (and p	rovide addit	ional documentation, including medical		
[5 USC 552 (b)(3).(6): 10 U		sification of inf	ormation on th	is form may be	grounds for	disciplinary action, including removal.		
7a. Er						7b. Date signed		
<u>. </u>						1/21/15		
8a. Official action on red	quest	Approve عر	ed Γ	Disapproved		proved, give reason. If annual leave,		
Oh Dansan far diagram	aval	<u> </u>			initiate	action to reschedule.)		
8b. Reason for disappro	ovai							
8c. Signati ^{[5 USC 552 (b)(3),(}	(6); 10 USC 130bl	^				Rd Data signed		
oc. Signati	, , , , , , , , , , , , , , , , , , , ,					8d. Date signed		
_				-		21 JAN 15		
Section 6311 of title 5, I management and your Department of Labor w compensation office re local law enforcement a agency when conductir	Privacy Act Statement Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in							
			~	, buoissas with	the Ender-	Covernment furnish a social occurring		
number or tax identifica other data, is voluntary,	ation number. To but failure to d	his is an amer o so may delay	idment to title and or prevent act	31, Section 770 tion on the app	01. Furnishir lication. If yo	I Government furnish a social security ng the social security number, as well as ur agency uses the information furnished nal statement reflecting those purposes.		

Office of Personnel Management 5 CFR 630

,		Request	t for Leave	e or Approv	ed Abse	nce	
1. Name (Last, first, m.	•			<u></u>	2.	Employee or Social Security Number	
						(b)(3),(6); 10	
3. Organization							
MCCS P&C							
4.		pe of Leave/A				5. Family and Medical Leave	
Check appropriate box(es) and enter date and time below)	Da From	te To	From	Time To	Total Hours	If annual leave, sick leave, or leave without	
✓ Accrued annual leave	1/15/15	1/15/15	1300	1400	1.00	pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please	
Restored annual leave						provide the following information:	
Advance annual leave						I hereby invoke my entitlement	
✓ Accrued sick leave	1/15/15	1/15/15	1400	1500	1.00	to family and medical leave for:	
Advance sick leave	Birth/Adoption/Foster care						
Purpose: Illness/injury/incapacitation of requesting employee Medical/dental/optical examination of requesting employee Serious health condition of spouse, son, daughter							
Care of family member, including medical/dental/optical examination of family member, or bereavement						Serious health condition of self	
_	member with a se						
Other	monibor with a co	riodo riodisi corrata	O11			Contact your supervisor and/or your	
Orner						personnel office to obtain additional	
Compensatory time off	· · · · · · · · · · · · · · · · · · ·					information about your entitlements and responsibilities under the FMLA. Medical	
Other paid absence (specify in remarks)					<u> </u>	certification of a serious health condition may be required by your agency.	
Leave without pay	1/15/15	1/16/15	1500	1700	10.00		
6. Remarks	1		· I	······································			
Infant son had	fever. Need	ded to go h	ome to mo	nitor.			
7. Certification: I certify	that the leave	absence requ	ested above is	s for the purpos	e(s) indicate	d. I understand that I must comply with my	
employing agency's certification, if require	procedures for ed) and that <u>f</u> al	requesting lea	ave/approved	absence (and p	orovide additi	ional documentation, including medical disciplinary action, including removal.	
7a [5 USC 552 (b)(3),(6); 10 USC	130b]	_				7b. Date signed	
8a. Official action on red	quest				(If diear	proved, give reason. If annual leave,	
		Approv	ed [Disapprove		action to reschedule.)	
8b. Reason for disappro	oval						
		^					
8c. Signature	(3),(6); 10 USC 130b]					8d. Date signed	
						19 JAN 15	
Privacy Act Statement Section 6311 of title 5, U		ode, authorize	es collection o	f this informatio	n. The prima	ry use of this information is by	

		Request	for Leave	or Approv	ed Abse	nce		
1. Name (Last, first, m. [5 USC 552 (b)(3),(6); 10 US 130b]						Employee or Social Security Number [5 USC 552 (b)(3),(6): 10		
3. Organization				**************************************	<u>'</u>			
MCCS P&C					2.TT 2.T. 1			
4.	Ту	pe of Leave/A	bsence			5. Family and Medical Leave		
Check appropriate box(es) and enter date and time below)		te To		ime	Total Hours	If annual leave, sick leave, or leave without		
✓ Accrued annual leave	From 1/14/15	1/14/15	6800	1700	8.00	pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please		
Advance annual leave			<u> </u>			provide the following information:		
Accrued sick leave				-	+	I hereby invoke my entitlement to family and medical leave for:		
Advance sick leave						·		
Purpose: Illness/injury/ii			. L			Birth/Adoption/Foster care		
	ncapacitation of req Voptical examinatio	• , ,	nlovee			Serious health condition of spouse, son, daughter, or parent		
	member, including		•	family member o	ır	Serious health condition of self		
bereavement	morrisor, molading	i i i oai oa a a ci i cas opi	loci Cacimilation of	idinily momodi, o	•	Serious fleatiff condition of seri		
Care of family	member with a se	rious health condition	on					
Other			Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and					
Compensatory time off						responsibilities under the FMLA. Medical certification of a serious health condition		
Other paid absence (specify in remarks)						may be required by your agency.		
Leave without pay								
employing agency's	procedures for	requesting lea	ave/approved a	absence (and p	orovide additi	d. I understand that I must comply with my ional documentation, including medical disciplinary action, including removal.		
[5 USC 552 (b)(3) (6): 1	•	SITICATION OF ITT	Offication on the	iis ioiiii iiiay be	- grounds for			
7a. Em;	· · · · · · · · · · · · · · · · · · ·					7b. Date signed //15/15		
8a. Official action on red	quest	Approv	ed [Disapprove		pproved, give reason. If annual leave, action to reschedule.)		
8b. Reason for disappro				,				
8c. Signature	52 (b)(3),(6); 10 USC	130b]				8d. Date signed		
						01/15/15		
management and your Department of Labor w compensation office relocal law enforcement agency when conductin Accounting Office when connection with its resp Public Law 104-134 (Alnumber or tax identifical	United States C payroll office to hen processing garding a claim agency when yig an investigat the informatio consibilities for pril 26, 1996) re tion number. T	o approve and a g a claim for conting to Federal Li our agency beation for employ in is required for records manal equires that an filis is an ame	record your use ompensation re- fe Insurance of comes aware of or evaluation of agement. The person doing andment to title	e of leave. Add egarding a job r Health Benef of a violation or ty reasons; to f leave adminis g business wit 31, Section 77	itional disclo connected in fits carriers repossible victhe Office of stration; or the the Federa O1. Furnishir	ary use of this information is by sures of the information may be: To the njury or illness; to a State unemployment egarding a claim; to a Federal, State, or olation of civil or criminal law; to a Federal Personnel Management or the General e General Services Administration in		
other data, is voluntary, on this form for purpos	but failure to d es other than tl	o so may dela; hose indicated	y or prevent ac above, it may	tion on the app provide you wit	oncation. If yo th an additior	ur agency uses the information furnished nal statement reflecting those purposes.		

		Request	for Leave	or Approve	ed Abse	nce		
1. Name (Last, first, m.	•		. "		2.	Employee or Social Security Number		
[5 USC 552 (b)(3),(6); 10 US 130b]	С					[5 USC 552 (b)(3),(6); 10		
3. Organization			****		L			
MCCS P&C								
4.		pe of Leave/A				5. Family and Medical Leave		
Check appropriate box(es) and enter date and time below)		te I To		ime	Total Hours			
Accrued annual leave	1/13/15	1/13/15	From 0800	To 1200	4.00	pay will be used under the Family and		
Restored annual leave	1,10,10	1	3000			Medical Leave Act of 1993 (FMLA), please provide the following information:		
Advance annual leave								
Accrued sick leave	1/13/15	1/13/15	1300	1700	4.00	I hereby invoke my entitlement to family and medical leave for:		
Advance sick leave						Birth/Adoption/Foster care		
Purpose:	ncapacitation of req	uestina empleyee						
		* * *	douge			Serious health condition of spouse, son, daughter, or parent		
	Il/optical examination member, including		•	family member or				
bereavement	member, including	тешсакиентакорп	vai examiliauvit Oli	iamiy member, or		Serious health condition of self		
Care of family	member with a se	rious health conditio	ก					
Other						Contact your supervisor and/or your personnel office to obtain additional		
	<u> </u>				·····	information about your entitlements and		
Compensatory time off						responsibilities under the FMLA. Medical certification of a serious health condition		
Other paid absence (specify in remarks)						may be required by your agency.		
Leave without pay								
6. Remarks		· · · · · · · · · · · · · · · · · · ·				·		
						<u> </u>		
						d. I understand that I must comply with my		
						ional documentation, including medical rdisciplinary action, including removal.		
7a. Emp ^{[5 USC 552 (b)(3),(6);}	10 USC 130bl		omadon on ul		grounds 10			
/a. Emp						7b. Date signed		
0.00		,				1/171.2		
8a. Official action on red	quest	Approve	ed [Disapproved		oproved, give reason. If annual leave,		
Oh Donor for discour	avel			-	minate	action to reschedule.)		
8b. Reason for disappr	ovai							
[5 USC 552 (b)(3),(6); 10 USC 130	b]						
8c. Signature						8d. Date signed		
(1/15/15		
						1 (17/13		
Privacy Act Statement Section 6311 of title 5.	United States C	Code, authorize	s collection of	this informatior	n. The prima	ary use of this information is by		
management and your	payroll office to	approve and r	ecord your use	of leave. Addit	tional disclo	sures of the information may be: To the		
compensation office re	garding a clain	n; to Federal Li:	fe Insurance oi	r Health Benefit	ts carriers r	njury or illness; to a State unemployment egarding a claim; to a Federal, State, or		
local law enforcement a	agency when y	our agency bec	comes aware o	f a violation or p	possible vid	plation of civil or criminal law; to a Federal Personnel Management or the General		
Accounting Office when	the informatio	n is required fo	or evaluation of	leave administ	ration; or th	e General Services Administration in		
connection with its resp	oonsibilities for	records mana	gement.					
Public Law 104-134 (A	pril 26, 1996) re	equires that any	y person doing	business with	the Federa	I Government furnish a social security		
other data, is voluntary,	but failure to d	o so may delay	or prevent act	ion on the appli	ication. If yo	ng the social security number, as well as our agency uses the information furnished		
on this form for purpos	es other than tl	hose indicated	above, it may	provide you with	n an additio	nal statement reflecting those purposes.		

IWAKUNI MCCS MARINE CORPS COMMUNITY SERVICE PERSONNEL OFFICER FPO AP, 96310-1867	Pay Gi. Pay Begin Date: Pay End Date:	IWM-Iwakuni MCi 12/27/2015 01/09/2016	ČS .		ess Unit: Acrice #: Advice Date:	SP145 000000004008510 01/15/2016	<u>.</u>	
[5 USC 552 (b)(3),(6); 10 USC 130b]	Employee ID: [5 USC 55: Department: Job Title: Business Title: Pay Rate:	2 (b)(3),(6); 10 USC 130b]			TAX DATA: Marital Status: Allowances: Addl. Percent: Addl. Amount:	Federal Married [5 US	C 552 (b)(3),(6)	WA State n/a ; 10 USC 130b
	HOURS AND EARN	INGS				TAXES		
Description Admin Hours, No Diff Holiday Hours (not worked), No Leave Without Pay Sick Hours, No Diff Vacation Hours, No Diff Regular Hours, No Diff Comp Leave Taken, No Diff	6); 10	(b)(3),(6); 10 USC 130b]	YTD	Enrnings [5 USC 552 (b)(3), (6); 10 USC 130b]	Description Fed Withholding Fed MED/EE Fed OASDI/EE		Eurrent 5 USC 552 (b) (3),(6); 10	YTD [5 USC 552 (b) (3),(6); 10 USC
TOTAL:	80.00	1,641.95	80.00	1,641.95	TOTAL:		191.28	191.28
BEFORE-TAX DEDUCTION	ONS	AFTER-TAX D	EDUCTIONS		E	MPLOYER COST OF	BENEFITS	
Description Curr Aetna US Health Care Tradtl Aetna US Health Care Dental 401(k) Curr 550 401(k)	(b) 552 (b) Unicare Opt Der NAF Pe Disabili 401k Lc		<u>Current</u> [5 USC 552 (I USC 130b]	YTD b)(3),(6); 10	Description Actna US Health Actna US Health Unicare Standard 401(k) NAF Retirement Fed Med/ER Fed OASDI/ER Employer contri plan) are deposit	Care Tradti Care Dental Life	Current [5 USC 552 USC 130b]	Benefit of the
TOTAL: [5 USO	C 552 (b)(3),(6); 10 USC 130b]				bian and are not	attribulable to murvidu.	at DatticiDatit at	EHRHN.
Current [5 U	ROSS FED TAXABL USC 552 (b)(3),(6); 10 USC 130b	E GROSS	TOTAL TAXI	ES	TOTAL DEI	DUCTIONS		NET PAY
	Earn PPD Earn YTD *2 (b)(3),(6); 10 USC 130b]	Taken PPD - Taken YT	D Adjustments	End Bal	UseLose Chec	NET PAY DI king XXXXI5 USC 552 (b)	STRIBUTION	[5 USC
					гот	AL:		[5 USC
					¥=, 2 , - 7			

MESSAGE:

IWAKUNI MCCS MARINE CORPS COMMUNITY SERVICES ATTN PERSONNEL OFFICER FPO AP, 96310-1867

Date: 01/15/2016

Advice No. 4008510

Deposit Amount: [5 USC 552 (b)(3), (6): 10 USC 130bl

To The

Account(s) Of

[5 USC 552 (b)(3),(6); 10 USC 130b]

IWAKUNI MCCS MARINE CORPS COMMUNIT PERSONNEL OFFICER FPO AP, 96310-1867	Y SERVICES, ATTN	Pay G. Pay Begin Date: Pay End Date:	IWM-Iwaku 12/13/2015 12/26/2015	ini MCCS			.aess Uni Advice #: Advice Date:	0000000039966	54	
[5 ÜSC 552 (b)(3),(6); 10 USC 130b]	Employee I Department Job Title: Business Ti Pay Rate:	:	(b)(3),(6); 10 USC	130b]		N A	FAX DATA Marital Statu Allowances: Addl. Percent Addl. Amour	s: Man		WA State n/a [5
	HOU	RS AND EARNIN	igs				TAXES			
		Current			YTD					
Description Comp Leave Earned Holiday Hours (not worked), No Leave Without Pay Sick Hours, No Diff Vacation Hours, No Diff Regular Hours, No Diff Admin Hours, No Diff AWOL-Absent w/o Official Leave Comp Leave Taken, No Diff	Rate [5 USC 552 (b)(3),(6); 10 USC 130b]	Hours 1.00 12.00 0.09 3.16 4.75 60.00	Earnines [5 USC 552 (b) (3),(6); 10 USC 130b]	Hours 1.00 100.00 62.32 104.37 160.81 1,721.50 3.00 8.00	[5 US 552 (6);	SC (b)(3),	<u>Description</u> Fed Withhole Fed MED/EF Fed OASDI/	3	Current [5 USC 552 (b) (3),(6);	<u>YTD</u> [5 USC 552 (b)(3), (6); 10
TOTAL:		81.00	1,666.13	2,161.00	43,5	36.99	TOTAL:		196.65	5,105.89
BEFORE-TAX	DEDUCTIONS		AFTER-1	TAX DEDUCT	ONS			EMPLOYER COST	OF BENEFITS	
Description Aetna US Health Care Tradtl Aetna US Health Care Dental 401(k)	<u>Current</u> [5 USC 552 (b)(3), USC 130b]	Unicare St Opt Deper NAF Pens 401k Loan	upplemental Life tandard Life ndent Life 4 ion Plan	[5	urrent USC 552 (b)(3),(6 SC 130b]	3); 10 2 2 3 1 1	Aetna US He Unicare Stan 401(k) NAF Retiren Fed Med/ER Fed OASDI/ Employer cc plan) are de	ealth Care Tradtl ealth Care Dental dard Life nent (Group Benefit)	Current [5 USC 5 USC 130	YTD 52 (b)(3),(6); 10 b] up Benefit el of the
TOTAL:	[5 USC 552 (b)(3),(6);	10 USC 130b1					pian and are	not aurioutable to mor	ziduai pariicipaii	accounts.
		FED TAXABLE	GROSS	то	TAL TAXES		TOTAL	DEDUCTIONS		NET PAY
Leave Plans Prior Vacation Sick Comp Time Cmp Tr Lv Time Off	Yr Bal *Earn PPD [5 USC [5 552 (b) USC (3),(6); 552 10 USC (b)(3). 130b]	Earn YTD *T [5 USC 552 (b) (3),(6);	aken PPD Tak [5 USC	(en YTD Adj [5 USC 552 (b)	ustments En	d Bal [5 USC 552 (b) (3),	UseLose (NET PAY	' DISTRIBUTIO	ON IĮ5 USC
	·		 					OTAL:		[5 USC
L	<u> </u>						V÷		•	

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 12/31/2015

Advice No. 3996654

Deposit Amount:

[5 USC 552 (b) (3),(6); 10 USC

To The

Account(s) Of

[5 USC 552 (b)(3),(6); 10 USC 130b]

IWAKUNI MCCS MARINE CORPS COMMUNITY SEF PERSONNEL OFFICER FPO AP, 96310-1867	Pay C. Pay Beg	ي: IWM-Iwakuni MCC gin Date: 11/29/2015 I Date: 12/12/2015	S	Advice #: SPJ-Advice #: 0000 Advice Date: 12/1	45 000003984720 18/2015
[5 USC 552 (b)(3),(6); 10 USC 130b]	Employee ID: Department: Job Title: Business Title: Pay Rate:	5 USC 552 (b)(3),(6); 10 USC 130b]		TAX DATA: Marital Status: Allowances: Addl. Percent: Addl. Amount:	Federal WA State Married n/s [5 USC 552 (b)(3),(6); 10 USC 130bl
	HOURS AND	EARNINGS		<u> </u>	TAXES
Description Leave Without Pay Sick Hours, No Diff Vacation Hours, No Diff Regular Hours, No Diff Admin Hours, No Diff AWOL-Absent w/o Official Leave Comp Leave Earned Holiday Hours (not worked), No Comp Leave Taken, No Diff		nt	OVIS Earnings	Description Fed Withholding Fed MED/EE Fed OASDI/EE	Current YT] [5 USC 552 (b)(3),(6); 10 USC 130b]
TOTAL:	[5 USC	C 552 (b)(3),(6); 10 USC 130b]			
BEFORE-TAX DEDU Description Aetna US Health Care Tradtl Aetna US Health Care Dental 401(k)	Current YTD 5 USC 552 (b)(3),(6); 10 USC 130b]	AFTER-TAX DE Description Unicare Supplemental Life Unicare Standard Life Opt Dependent Life 4 NAF Pension Plan 401k Loan Payback Employee Restitution	DUCTIONS Current YTD [5 USC 552 (b)(3),(6); 10 USC 130b]	Description Aetna US Health Care T Actna US Health Care E Unicare Standard Life 401(k) NAF Retirement (Group Fed Med/ER Fed OASDI/ER Employer contributions	Dental USC 130b] Dental USC 130b] Dental USC 130b] Dental USC 130b]
					ard the collective funding level of the table to individual participant accounts.
TOTAL: [5 U	SC 552 (b)(3),(6); 10 USC 13	0b]			
	LL GROSS FED TA USC 552 (b)(3),(6); 10 USC 13	AXABLE GROSS 30b]	TOTAL TAXES	TOTAL DEDUCTI	ONS NET PA
Leave Plans Prior Yr Ba Vacation 5 US Sick Comp Time Cmp Tr Lv Time Off	1 *Earn PPD Earn C 552 (b)(3),(6); 10 USC 1301		Adjustments End Bal	UseLose Checking [5	NET PAY DISTRIBUTION G USC 552 (b)(3),(6); 10 USC 130b]
				TOTAL:	[5 US
MESSAGE: IWAKUNI MCCS MARINE CORPS COMMUN SERVICES ATTN PERSONNEL OFFICE FPO AP, 96310-1867		Date: 12/18/2015		Advice No. 3984720	
Deposit Amount: [5 USC 552 (3),(6); 10 US	b) sc				
A mount(a) Of	2 (b)(3),(6); 10 USC 130b]	_			

IWAKUNI MCCS MARINE CORPS COMMU PERSONNEL OFFICER FPO AP, 96310-1867	JNITY SERVICES, ATTN	Pay End Date: IWM-Iwak Pay Begin Date: 11/15/2015 Pay End Date: 11/28/2015	5	.ne Advice Advice		388 ->
[5 USC 552 (b)(3),(6); 10 USC 130b]	Employee Departme Job Title: Business Pay Rate:	nt: Fitle:	C 130b]	Allowa Addi, I	Status: Ma	Peral WA Statement of the Mark
	НО	URS AND EARNINGS			TAX	ES
Description Admin Hours, No Diff Holiday Hours (not worked) Leave Without Pay Sick Hours, No Diff Vacation Hours, No Diff Regular Hours, No Diff AWOL-Absent w/o Official Leave Comp Leave Earned Comp Leave Taken, No Diff	Rate [5 USC 552 (b)(3),(6	- Current	Hours YTD	Fed M		Current YTI [5 USC 552 (b)(3),(6); 10 USC 130b]
TOTAL:		[5 USC 552 (b)(3),(6); 10 USC 130b]				
	TAX DEDUCTIONS	··· ·· · · · · · · · · · · · · · · · ·	TAX DEDUCTIONS		EMPLOYER COS	
Description Aetna US Health Care Trad Aetna US Health Care Dent 401(k)		VTD Description Unicare Supplemental Life Unicare Standard Life Opt Dependent Life 4 NAF Pension Plan 401k Loan Payback Employee Restitution	Current [5 USC 552 (USC 130b]	Aetna Unicar 401(k) NAF I Fed M	US Health Care Tradtl US Health Care Dental e Standard Life	Current VTI [5 USC 552 (b)(3),(6); 10 USC 130b]
				plan)	are deposited toward the col-	F Retirement (Group Benefit lective funding level of the lividual participant accounts.
TOTAL:	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXI	rs To	TAL DEDUCTIONS	NET PA
Current		(6); 10 USC 130b]	101111111111111111111111111111111111111			
YTD						
Leave Plans I Vacation Sick Comp Time Cmp Tr Lv Time Off	Prior Yr Bat *Earn PPD [5 USC 552 (b)(3),(6); 10		ken YTD Adjustments	End Bal UseL	OSE NET PA	Y DISTRIBUTION C 552 (b)(3),(6); 10 USC 130b]
					TOTAL:	[5
IWAKUNI MCCS MARINE CORPS C SERVICES ATTN PERSONNE FPO AP, 96310-1	L OFFICER 867	Date: 12/0	4/2015	Advice	e No. 3970388	
IWAKUNI MCCS MARINE CORPS C SERVICES ATTN PERSONNE	L OFFICER	Date: 12/0	4/2015	Advice	e No. 3970388	

IWAKUNI MCCS MARINE CORPS COMMUNIT PERSONNEL OFFICER FPO AP, 96310-1867	Y SERVICES, ATTN	Pay 2: Pay Begin Date: Pay End Date:	IWM-Iwakuni l 11/01/2015 11/14/2015	MCCS →		iness Unit Advice #: Advice Date:	SP145 000000003958420 11/20/2015		
[5 USC 552 (b)(3),(6); 10 USC 130b]	Employee Departme Job Title: Business Pay Rate:	ent: Title:	2 (b)(3),(6); 10 USC 130	jb]		TAX DATA: Marital Status Allowances: Addl. Percent Addl. Amoun	: Μαιτίει [5 :		WA Stat n/ 10 USC
	НО	URS AND EARNI	NGS				TAXES		
Description Holiday Hours (not worked), No Leave Without Pay Sick Hours, No Diff Vacation Hours, No Diff Regular Hours, No Diff Admin Hours, No Diff A WOL-Absent w/o Official Leave Comp Leave Earned Comp Leave Taken, No Diff	Rate [5 USC 552 (b)(3),(6	— Current ——— Haurs 3); 10 USC 130b]	Rarninge	Hours	Fornings	Description Fed Withhold Fed MED/EE Fed OASDI/I	; ⁻	Current [5 USC 552 (b)(3), 130b]	YT (6); 10 US
TOTAL:		80.00	1,666.54	1,920.00	39,343.21	TOTAL:		196.74	4,663.8
BEFORE-TAX Description Actua US Health Care Tradtl Actua US Health Care Dental 401(k)	DEDUCTIONS Current [5 USC 552 (b)(3),(USC 130b]	Unicare S Opt Depe NAF Pen		C DEDUCTIONS Current [5 USC 552 USC 130b]	YTD (b)(3),(6); 10	Aetna US He Unicare Stan 401(k) NAF Retirem Fed Med/ER Fed OASDI/I	ent (Group Benefit)	Current [5 USC 552 (b USC 130b]	Jenefit
	E 1180 EE2 (b)(2),(6); 10 USC 130b]				plan) are dep	not attributable to individ	ve funding level of ual participant acco	ounts.
TOTAL: Current YTD	TOTAL GROSS	FED TAXABLE (6); 10 USC 130b]	GROSS	TOTAL TAX	ES	TOTAL	DEDUCTIONS		NET PA
Leave Plans Prior Vacation Sick Comp Time Cmp Tr Lv Time Off	Yr Bal *Earn PPD [5 USC 552 (b)(3),(6); 1	Earn YTD *7	Faken PPD Taken	YTD Adjustments	End Bal	UseLose	NET PAY D	DISTRIBUTION 552 (b)(3),(6); 10 US	SC 130b]
									[5 USC
						Т	OTAL:		-EEO (L)
MESSAGE:			•			<u>t</u> r	OTAL:	1	<u></u> 552 (h).
MESSAGE: IWAKUNI MCCS MARINE CORPS COM SERVICES ATTN PERSONNEL OF FPO AP, 96310-1867			Date: 11/20/20	015	A	Advice No.		1	<u> </u>
IWAKUNI MCCS MARINE CORPS COM SERVICES ATTN PERSONNEL OF FPO AP, 96310-1867			Date: 11/20/20	015	A				

IWAKUNI MCCS MARINE CORPS COMM PERSONNEL OFFICER FPO AP, 96310-1867	UNITY SERVICES, ATTN 	Pay 2: IWM-Iwaku Pay Begin Date: 10/18/2015 Pay End Date: 10/31/2015	ini MCCS	iness Unit: Advice #: Advice Date:	SP145 00000003946402 11/06/2015
[5 USC 552 (b)(3),(6); 10 USC 130b]	Employee Departmer Job Title: Business 1 Pay Rate:	nt:	: 130b]	TAX DATA: Marital Status; Allowances: Addl. Percent; Addl. Amount:	Federal WA Stat Married n/
	ноц	URS AND EARNINGS			TAXES
Description Sick Hours, No Diff Vacation Hours, No Diff Regular Hours, No Diff Admin Hours, No Officia Leave Comp Leave Earned Holiday Hours (not worked Leave Without Pay Comp Leave Taken, No Di	l), No	Current ————————————————————————————————————	Hours Ka	Description Fed Withholding Fed MED/EE Fed OASDI/EE	<u>Current</u> [5 USC 552 (b)(3),(6); 10 U 130b]
TOTAL:		[5 USC 552 (b)(3),(6); 10 USC 130b]			
	TAX DEDUCTIONS		AX DEDUCTIONS		PLOYER COST OF BENEFITS
Description Actna US Health Care Trad Actna US Health Care Deni 401(k)		YTD Description Unicare Supplemental Life Unicare Standard Life Opt Dependent Life 4 NAF Pension Plan 401k Loan Payback	<u>Current</u> [5 USC 552 (b)(3) 10 USC 130b]	ytt D).(6): Aetna US Health C Aetna US Health C Unicare Standard L 401(k) NAF Retirement (C Fed Med/ER Fed OASDI/ER	are Dental USC 130b] ife
TOTAL:	[5 USC 552 (b)(3),(i	6): 10 USC 130b)		plan) are deposited	tions to the NAF Retirement (Group Benefit toward the collective funding level of the ributable to individual participant accounts.
TOTAL	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDU	ICTIONS NET PA
Current YTD	[5 USC 552 (b)(3),(i		TOTAL TIBLES	1011120000	
	Prior Yr Bal *Earn PPD [5 USC 552 (b)(3),(6); 10		en YTD Adjustments Er	nd Bal UseLose Checki	NET PAY DISTRIBUTION ng XXX[5 USC 552 (b)(3),(6); 10 USC 130b] [5 USC 552 (b)(3),(6); 10 USC 130b]
MESSAGE: IWAKUNI MCCS MARINE CORPS C SERVICES ATTN PERSONNE: FPO AP, 96310-1	L OFFICER 867	Date: 11/06	/2015	Advice No. 3946	402
Deposit Amount:	[5 USC 552 (b) (3),(6); 10 USC				
To The Account(s) Of	[5 USC 552 (b)(3),(6); 10 USC	C 130b]			

IWAKUNI MCCS MARINE CORPS COMM PERSONNEL OFFICER FPO AP, 96310-1867	UNITY SERVICES, ATTN	Pay : IWM-Iwakur Pay Begin Date: 10/04/2015 Pay End Date: 10/17/2015	i MCCS	ness Unit: Advice #: Advice Date:	SP145 000000003934433 10/23/2015	
[5 USC 552 (b)(3),(6); 10 USC 130b]	Employee I Department Job Title: Business Ti Pay Rate:	;	30b]	TAX DATA: Marital Status: Allowances: Addl. Percent: Addl. Amount:	Federal Married 5 USC	WA Stat 552 (b)(3),(6); 10 USC 130
	HOU	RS AND EARNINGS			TAXES	
Description Holiday Hours (not worked Leave Without Pay Sick Hours, No Diff Vacation Hours, No Diff Regular Hours, No Diff Admin Hours, No Diff AWOL-Absent w/o Official Leave Comp Leave Earned Comp Leave Taken, No Diff	a)	Current Earnings 10 USC 130b]	Hours F.a	Prines Description Fed Withholding Fed MED/EE Fed OASDI/EE		Thrent VT [5 USC 552 (b)(3),(6); 10 USC 130b]
TOTAL:		5 USC 552 (b)(3),(6); 10 USC 130b]				
	TAX DEDUCTIONS		AX DEDUCTIONS		IPLOYER COST OF	
Description Actna US Health Care Trac Actna US Health Care Den 401(k)		Obscription Unicare Supplemental Life Unicare Standard Life Opt Dependent Life 4 NAF Pension Plan 401k Loan Payback	<u>Current</u> [5 USC 552 (b)(3 10 USC 130b]	Aetna US Health Unicare Standard 401(k) NAF Retirement Fed Med/ER Fed OASDI/ER	Care Dental Life Group Benefit)	Current YT [5 USC 552 (b)(3),(6); USC 130b]
TOTAL:	(5 USC 552 (b)(3),(6); 10 USC 130b]		plan) are deposite	ed toward the collective	irement (Group Benefit e funding level of the al participant accounts.
Current YTD	TOTAL GROSS [5 USC 552 (b)(3),(6	FED TAXABLE GROSS); 10 USC 130b]	TOTAL TAXES	TOTAL DEC	UCTIONS	NET PA
Leave Plans Vacation Sick Comp Time Cmp Tr Lv Time Off	Prior Yr Bal		n YTD Adjustments Er	nd Bal UseLose Checl	NET PAY DIS	STRIBUTION 52 (b)(3),(6); 10 USC 130b]
				тот/	AL:	[5 USC
MESSAGE: IWAKUNI MCCS MARINE CORPS O SERVICES ATTN PERSONNE FPO AP, 96310-1	COMMUNITY EL OFFICER 1867	Date: 10/23/	2015	Advice No. 393		[5 USC
IWAKUNI MCCS MARINE CORPS C SERVICES ATTN PERSONNE	COMMUNITY EL OFFICER	Date: 10/23/	2015			Es? IbV?

NON-NEGOTIABLE

•		
IWAKUNI MCCS MARINE CORPS COMMUNITY SERVICES, ATTN PERSONNEL OFFICER FPO AP, 96310-1867	Pay C .: IWM-Iwakuni MCCS Pay Begin Date: 09/20/2015 Pay End Date: 10/03/2015	.ness Unit: SP145 Advice #: 000000003922308 Advice Date: 10/09/2015
[5 USC 552 (b)(3),(6); 10 USC 130b] Employe Departme Job Title: Business Pay Rate:	ent: Title:	TAX DATA; Federal WA State Marital Status: Married 552 (b)(3),(6); 10 USC 1306 Addl. Percent: Addl. Amount:
НО	URS AND EARNINGS	TAXES
Description Sick Hours, No Diff Vacation Hours, No Diff Regular Hours, No Diff Admin Hours, No Diff AWOL-Absent w/o Official Leave Comp Leave Earned Holiday Hours (not worked), No Leave Without Pay Comp Leave Taken, No Diff	- Current Y	TD — Earnings Description Current YTI [5 USC 552 (b)(3),(6); 10 USC 130b] Fed MED/EE Fed OASDI/EE
TOTAL:	[5 USC 552 (b)(3),(6); 10 USC 130b]	
BEFORE-TAX DEDUCTIONS	AFTER-TAX DEDUCTION	
Description Aetha US Health Care Tradtl Aetha US Health Care Dental 401(k) Current [5 USC 552 (b)(3 USC 130b]		Actna US Health Care Tradtl Actna US Health Care Dental Unicare Standard Life 401(k) NAF Retirement (Group Benefit) Fed Med/ER Fed OASDI/ER Employer contributions to the NAF Retirement (Group Benefit)
		plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.
TOTAL: [5 USC 552 (b)(3)	.(6); 10 USC 130b]	
ТОТАL GROSS Сипент [5 USC 552 (b)(3 YTD	FED TAXABLE GROSS TOTAL (),(6); 10 USC 130b]	TAXES TOTAL DEDUCTIONS NET PA
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MESSAGE: IWAKUNI MCCS MARINE CORPS COMMUNITY SERVICES ATTN PERSONNEL OFFICER FPO AP, 96310-1867	Date: 10/09/2015	Advice No. 3922308
Deposit Amount: [5 USC 552 (b)(3), (6); 10 USC 130b]		

To The Account(s) Of

[5 USC 552 (b)(3),(6); 10 USC 130b]

IWAKUNI MCCS MARINE CORPS COMM PERSONNEL OFFICER FPO AP, 96310-1867	IUNITY SERVICES, ATTN	Pay p: Pay Begin Date: Pay End Date:	IWM-Iwakuni MO 09/06/2015 09/19/2015	CCS ~	(siness Unit Advice #: Advice Date:	SP145 0000000039102 09/25/2015	93	
[5 USC 552 (b)(3),(6); 10 US 130b]	C Employee II Department Job Title: Business Tit Pay Rate:	5.	(3),(6); 10 USC 130b]			TAX DATA: Marital Status Allowances: Addl. Percent: Addl. Amount	[ral ied 5 USC 52 (b)	WA Si
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[5 USC 552 (b)(3),(6); 10 USC 130b]

IWAKUNI MCCS MARINE CORPS COMM PERSONNEL OFFICER FPO AP, 96310-1867	UNITY SERVICES, ATTN	Pay Begin Date: 08/23	-Jwakuni MCCS J/2015 J/2015		iness Unit: Advice #: Advice Date:	SP145 000000003898188 09/11/2015	
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MESSAGE: IWAKUNI MCCS MARINE CORPS C SERVICES ATTN PERSONNE FPO AP, 96310-1	L OFFICER	Date:	09/11/2015	Α	Advice No. 38	98188	
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IWAKUNI MCCS MARINE CORPS COMM PERSONNEL OFFICER FPO AP, 96310-1867	UNITY SERVICES, ATTN	Pay p: IWM-Iwake Pay Begin Date: 08/09/2015 Pay End Date: 08/22/2015			iness Unit: Advice #: Advice Date:	SP145 000000003886076 08/28/2015	
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To The Account(s) Of	[5 USC 552 (b)(3),(6); 10 USC 1	[30b]					



MARINE CORPS COMMUNITY SERVICES PSC 561 BOX 1867 FPO AP 96310-0019

DSN FAX: DSN:

253-4629 COMMERCIAL: 011-81-827-79-3424 253-3424

> MCCSIWAINTINST 12630.2E 5HR 29 Oct 14

MARINE CORPS COMMUNITY SERVICES IWAKUNI INTERNAL INSTRUCTION 12630.2E

From: Director, Marine Corps Community Services

MCCS Iwakuni NAF/GS Employees To:

Subj: ABSENCE AND LEAVE

Ref: (a) MCO P12000.11A

(b) U.S. Office of Personnel Management Website

Encl: (1) Application for Leave Form, OPM-71

- Purpose. To publish policy and procedures on employee notification to supervisor of absence from work and for requesting leave as provided in the references.
- Cancellation. Marine Corps Community Services Internal Instruction 12630.2D.
- This instruction is applicable to all Marine Corps Community Services (MCCS) Non-Appropriated Fund (NAF) and Appropriated Fund (GS) employees.
- Information. The need for an employee to be at their designated work site at the scheduled start time is critical in providing good service to our customers for all the MCCS divisions and activities. In order for a supervisor to quickly adjust to the absence of an employee, it is the responsibility of the employee to notify the supervisor of their inability to report to work as soon as possible. A supervisor must also have the ability to prepare work schedules in advance to compensate for an employee's request for leave.

Action 5.

If an employee is unable to report for work at the scheduled start time due to illness or other unforeseen circumstances, it is the employee's responsibility to notify the supervisor as early as possible of their inability to report for

- work. The employee must notify the supervisor no later than the beginning of their scheduled shift.
- The supervisor or a higher management official is the only individual who can approve the leave of an employee. An employee cannot assume that their leave is approved just because of calling in and speaking to another employee. Employees are required to call their immediate supervisor and leave a voicemail if they are unable to speak to the supervisor. Additionally, employees are required to continue their attempts to call in by contacting the supervisors up their chain of command (up to the Chief of their Division) and leaving a voicemail each time the attempt is made. Notifying the supervisor via e-mail is acceptable; however, it is considered approved only when the employee received a response from the supervisor permitting their leave of absence. Failure of the employee to utilize this process will cause the employee to be in an Absence Without Leave status and the employee could be subject to disciplinary action.
- c. Employees must notify the supervisor each day of an absence unless a doctor's certificate has been obtained and provided to the supervisor. Employees are required to complete the Application for Leave, enclosure (1), immediately upon their return to work.
- d. Sick leave absences in excess of 3 consecutive working days will only be granted when supported by administratively acceptable evidence to include a certified letter or note from the treating physician that excuses absences from work.
- e. When returning to work from a sick leave status in excess of 3 working days, employees are required to receive a return to work authorization from the treating physician prior to returning to work. The authorization must be provided immediately to the supervisor upon returning to work. Any requests for reasonable accommodations or limited duty are required to be documented on this authorization.
- f. Per reference (b), a pregnant employee who must be absent from work at some point before giving birth for her own health or that of her unborn child is entitled to use sick leave. According to the definition of serious health condition, any period of incapacity due to pregnancy or childbirth, or for prenatal care, is considered a serious health condition, even if

the employee does not receive active treatment from a health care provider during the period of incapacity or the period of incapacity does not last more than 3 consecutive calendar days. Sick leave may be used for medical examinations and during the period of incapacitation for delivery and recuperation. Once the period of incapacitation is over, there is no entitlement to use sick leave. An employee may not use sick leave to voluntarily be absent from work to bond with a healthy newborn. There is no provision in law or regulation that permits the use of sick leave to care for a healthy newborn, bond with a healthy child, or for other child care responsibilities.

- g. If the supervisor suspects an employee is abusing their sick leave benefit, the supervisor may place the employee on a Letter of Requirement after providing documentation to Human Resources.
- h. If an employee becomes ill while at work, the employee will complete enclosure (1) before leaving the work site, if practical or as soon as returning to work.
- An employee is entitled to use sick leave if health authorities or a health care provider determine that the employee's presence on the job would jeopardize the health of others because of exposure to a communicable disease. of sick leave would be appropriate in these circumstances even if the employee is not sick but would be limited to circumstances where exposure alone would jeopardize the health of others and would only arise in cases of serious communicable diseases, such as communicable diseases where Federal isolation and quarantine are authorized, which currently includes: cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, Severe Acute Respiratory Syndrome (SARS), and influenza that causes or has the potential to cause a pandemic. For more information, visit http://www.cdc.gov which provides an illustrative, but not exhaustive, list of the types of serious communicable diseases where exposure alone would jeopardize the health of others.
- j. Annual leave should be planned as far in advance as possible, especially if the leave time is in excess of 3 working days. The supervisor should approve and schedule the annual leave when the workload permits, and whenever possible, at the convenience of the employee.

- k. A minimum of 2 weeks is required for employees to submit enclosure (1) for any leave with the exception of sick leave for approval to the supervisor. If the annual leave must be denied due to workload requirements, a justification by the supervisor will be given to the employee and a suggested alternate time for taking the annual leave will be provided.
- 1. When two employees request annual leave for the same time period, and if only one employee can be allowed leave due to workload requirements, approval will be given to the employee who submitted the request first. The supervisor should suggest an alternate time for taking leave to the other employee.
- 6. Effective Date. This instruction is effective upon receipt.

/S/ [5 USC 552 (b)(3),(6); 10 USC 130b]

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						Birth/Adoption/Foster care			
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						Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and			
Compensatory time off						responsibilities under the FMLA. Medical			
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(specify in remarks)						may be required by your agency.			
Leave without pay									
	that the leave/	absence requ	ested above is	for the purpos	e(s) indicate	d. I understand that I must comply with my			
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Certification: I certify employing agency's certification, if require a. Employee signature a. Official action on recib. Reason for disapprocess. Signature Privacy Act Statement Section 6311 of title 5, leanagement and your Department of Labor whompensation office recoal law enforcement agency when conducting Accounting Office when connection with its responder to tax identification of the counting Office when connection with its responder to tax identification of the counting Office when connection with its responder or tax identification.	procedures for ed) and that fals and that fals are great are to a second and that fals are to a second are to	ode, authorize approve and rigation for expense of the control of	es collection of record your use impensation reference of ment or security or evaluation of gement.	this informatice of leave. Addegarding a job if a violation on ty reasons; to leave administrates wit 31, Section 77	on. The prima itional disclocate carriers in possible vice the Office of stration; or the the Federa 01. Furnishin	ional documentation, including medical r disciplinary action, including removal. 7b. Date signed poroved, give reason. If annual leave, action to reschedule.)			



MARINE CORPS COMMUNITY SERVICES PSC 561 BOX 1867 FPO AP 96310-0019

FAX. COMMERCIAL: DSN:

011-81-827-79-4057 011-81-827-79-3030

253-3030

12710 5SUP 13 MAR 15

From:

Richard F. Courtemanche II, Director, Purchasing and

Contracting [5 USC 552 (b)(3),(6); 10 USC 130b]

To:

Purchasing and

Contracting

Subj:

LETTER OF WARNING

Ref:

- (a) MCO P12000.11A
- (b) MCCSINTINST 12630.2E dtd 29 Oct 14
- This letter is to notify you of your unacceptable conduct. action is based on the following fact:
 - a. Improper call off on 2 March, 2015
- As the Contract Administrator, you are expected to conduct yourself with a higher level of professionalism. Your failure to properly notify your supervisor when calling off work has a negative impact on the workplace and morale of the Purchasing and Contracting Department. Your actions affect the mission by hindering the daily business operations of the office resulting in cancellation of client appointments and rescheduling of staff to cover your absence.
- 3. You are hereby placed on notice that this type of conduct will not be tolerated. Further acts of misconduct could result in formal disciplinary action. Violations discussed in this letter will not be counted as offenses, but could be cited in any future disciplinary action.
- This letter will not be placed in your Official Personnel Folder, but will be retained by the undersigned. You are reminded that in accordance with reference (a), a letter of warning is not a disciplinary action and is neither grievable nor appealable.

5.	You	ı are re	guested	to	acl	(now	Ledge	receipt	οf	this	letter	рy	signing
							сору	provided	ı.	,	\wedge		
			_				[5 USC	552 (b)(3),(6); 10 U	SC 130	[b]			

[5 USC 552 (b)(3),(6); 10 USC 130b]

13MAR15

ADDRESSEE'S SIGNATURE / DATE

Copy to:

Human Resources



MARINE CORPS COMMUNITY SERVICES PSC 561 BOX 1867 FPO AP 96310-0019

FAX: COMMERCIAL: DSN: 011-81-827-79-4057 011-81-827-79-3030 253-3030

> 12710 5PC 25 MAR 15

From:

Chief of Support, Marine Corps Community Services

To:

Richard Courtemanche, Contracting Officer

Subj:

LETTER OF WARNING

Ref:

- (a) MCO P12000.11A
- (b) MCCSINTINST 12630.2E dtd 29 Oct 14
- 1. This letter is to notify you of your unacceptable conduct. This action is based on the following facts:
 - a. Failure to follow a direct order
 - b. Failure to carry out policies and procedures
- 2. As a supervisor within MCCS, you are expected to follow direct orders and to carry out policies and procedures. When you are called upon to take action or to ensure proper execution of policies and procedures, you are expected to do so. Your failure to properly account for your subordinate employee's time, especially after I, your supervisor provided direction to do so, is a serious offense, which will not be tolerated. Your actions affect trust and confidence that I, as your supervisor, place in you. Moving forward, please understand the importance of proper time keeping.
- 3. You are hereby placed on notice that this type of misconduct will not be tolerated. Further acts of misconduct could result in formal disciplinary action. Violations discussed in this letter will not be counted as offenses, but could be cited in any future disciplinary action.
- 4. This letter will not be placed in your Official Personnel Folder, but will be retained by the undersigned and Human Resources. You are reminded that in accordance with reference (a), a letter of warning is not a disciplinary action and is neither grievable nor appealable.
- 5. You are requested to acknowledge receipt of this letter by signing in the appropriate space on the copy provided.

 [5 USC 552 (b)(3),(6): 10 USC 130b]

[5 USC 552 (b)(3),(6); 10 USC 130b]

ADDRESSEE'S SIGNATURE

25 MAR 15

DATE

Copy to:

Human Resources

December 2015

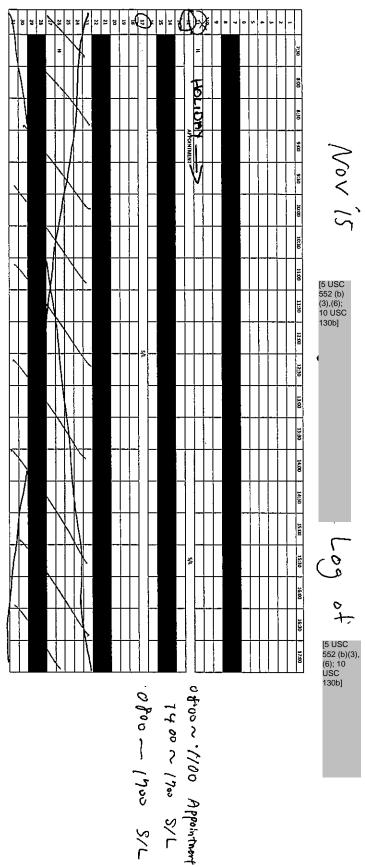
ARABOT TO THE WEBS AT THE ATTENDED TO THE BEAT OF THE ATTENDED TO THE ATTENDED	13	6		SUNDAY
	14 医者の予約で朝から 中断信	7 0840 出社 1130 に昼へ出て仕事には戻らず。		MONDAY
	15	8 上司は休暇	₩	TUESDAY
And the state of t	16	9 上司は休暇 16:40 退社	8:40 出社	WEDNESDAY
The American Control of the Control	17	10 上司は休暇 15::00から戻ってこず	ω	THURSDAY
	18	11 欠勤 (医者の予約で朝から 出動源)	4 病欠	FRIDAY
28	21	12	Сī	SATURDAY

Dece	20	1	Translation Log	,		•
Sunday	Monday	Tuesday	Wednesday Thursday		Friday	Saturday
			2 Arrives to work © 0840	(J)	4 Sick leave, did not show	5
6	Arrives 0840 Leaves 1130 for lunch. Never come back.	8 Mr. Courtemanche Mr. off-Leone left rest	9 10 Mr. Cowtomorche roft. 5905 500 600 1000 1000 1000 1000 1000 1000	for day.		12
13	Ductor app in morning	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Sunday 22 2 29 8 November 2015 30 Monday 23 16 2 Mr. Courtemanche 3 to work 24 (5) USC (5) USC (6) 0930 (7) VES Tuesday 10 Translation Log Sickleave, offentive day Wednesday 25 18 entire day, USC 552 (b)(3), (6); 10 USC Veterans Day Sick Leave 12 USC 552 (b) (3), (6); 10 Thursday 26 9 Ç entire day, Sick leave [5 USC 0 552 (b) (3), (6); Friday Ç early afternoon ವ [5 USC 552 (b) (3), & MCBall, LV to work did not show 28 14 Saturday

NOVMBER 2015

29	22	15	8	}	SUNDAY
30 病欠	23	16	9	2 9時半から医者、も どってこない。上司 は有給	MONDAY
	24 30 分遲刻	17 病久	10		TUESDAY
	25 病欠	18 病欠	11 祭日	治 夕	WEDNESDAY
	26 祭日	19	12 病欠	.	THURSDAY
	27 休暇	20 マリーンボール 早退	13	6	FRIDAY
	28	21	·	7	SATURDAY



ENGLOSURE (23)

May 2015

31	24	17	10	ω		Su
·						Sunday
	25	18	11	4		Monday
	26	19	12	ហ		Tuesday
	27	20	13	6		Wednesday
	28	21	14	7		Thursday
	Contractor (1400. Meeting @ 1400. No show; refer to timesheet.	22	15	8	1	Friday
	30	23	16	9	2	Saturday